

CHEMIST & DRUGGIST

INCORPORATING RETAIL CHEMIST

SEPTEMBER 15 1979

Virol Malt Rusks

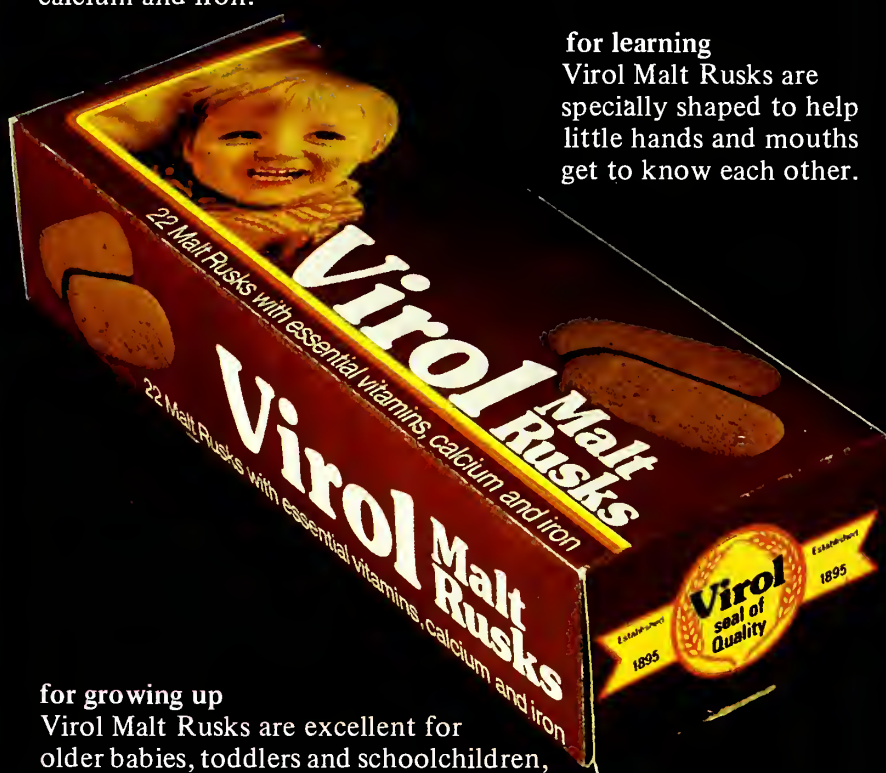
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Exeter: Reports
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**Secretary of
State's doubt
over contract
limitation**

**Eighty march
to Downing
Street about
'snatch back'**

**VAT payments
still held up**

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CHEMIST & DRUGGIST

Incorporating Retail Chemist

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15 September 1979

COMMENT

A point proved?

Leaders of the London Group Pharmaceutical Executive are understandably delighted with the success of their "march to No 10" and the publicity received for their notional increase "snatch back" petition to the Prime Minister (p380). Predictably perhaps, the march achieved its best Press coverage—as much as 9 column inches in the *Financial Times*—ahead of the march, while the television news team picked on the pictorial novelty of the white-coated march itself.

Having expressed strong reservations in advance about the wisdom of holding the march and alerting the media to it, *C&D* is only too pleased (indeed relieved) that the end result was a "force" rather than a "farce". We were never in any doubt about the strength of feeling among contractors—who could be after that BBC television news broadcast on August 9 and the subsequent "nothing now" bombshell?—but we nevertheless believed that the rising tide of frustration needs to be channelled and co-ordinated if full and effective use is to be made of it. Last week's event has not changed that view.

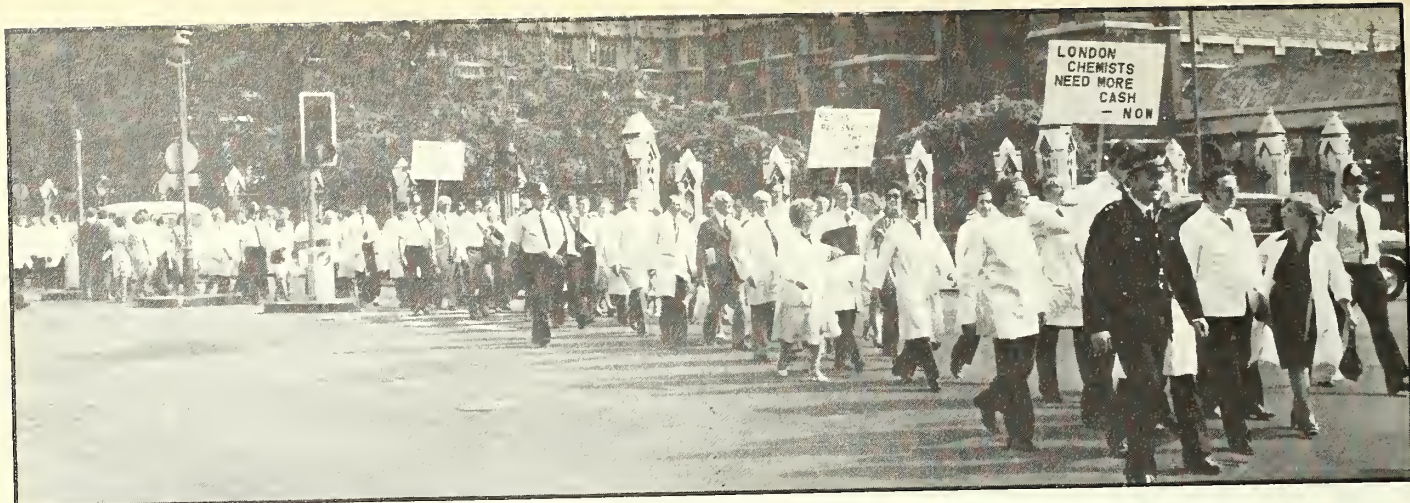
We have heard it argued that the march may influence the panel currently studying NHS remuneration. Such a view is misguided, and its proponents badly underestimate the integrity and independence of the panel members. If anything, the panel's subjective reaction is more likely to be against moves that hint of "pressure" being applied to its judgment—by either side.

So what of the PR aspect of the march? The PSNC retains the services of professional public relations advisers and itself has a publicity subcommittee, and to judge from reaction, neither thought the London march would be particularly helpful at this stage. Perhaps they, and we, were wrong (to set the record straight, *C&D* was not previously putting forward the PSNC view in this column). Only with hindsight will anyone be able to say with certainty whether the march has "prepared the ground" or "queered the pitch".

Nevertheless, it was a heartening sight to see individual pharmacists becoming personally involved—a change from the oft-quoted "apathy"—and PSNC may be encouraged to hope that if ever it has to make a similar call on a national scale then London's traffic really will be halted. After all, the Society got nearly 7,000 to the Albert Hall for a vote in July 1965, didn't it?

A point missed

There will be disappointment in the profession with Mr Patrick Jenkins' lukewarm reaction to NHS contract limitation as a means of achieving rational location of pharmacies (p384). We don't think he can have looked very closely at the question, because a basic practice allowance is fundamental to hopes for a new contract—and the public will not be willing to subsidise every pharmacist whose whim it is to run his own business. The Secretary of State must sacrifice political dogma in favour of saving the service in whose value he claims to believe so strongly.



London contractors march to Downing Street

Amidst shouts of "What do we need—more cash", 78 contractors and colleagues set off on a protest march to Downing Street, last Thursday.

The march was organised by the London Group Pharmaceutical Executive, originally as a delegation only, to hand in to the Prime Minister, Mrs Thatcher, a letter of protest at the "snatch-back" of the increase in notional salary.

Along the route, the march attracted the attention of passers-by many of whom took photographs. Some even joined the march. One senior citizen, Mrs Elizabeth Nobbs, walked the last stage along Parliament Street to the entrance of Downing Street. She said after: "It is a ridiculous position when chemists shut down at 95 a year. The whole situation needs reviewing".

The chairman of the London group, Mr John Iles, led the procession from the Pharmaceutical Society headquarters in Lambeth, along Lambeth Palace

Road, across Westminster Bridge and into Parliament Street. At the entrance to Downing Street, Mr Iles led a six-strong delegation to the door of Number 10, the other marchers remaining at a barricade.

The delegation comprised Mr Stanley Blum the group's Press officer, (and a newly-elected member of the Pharmaceutical Services Negotiating Committee and of the Association of Salaried, Technical and Managerial Staffs ASTMS), Mr Robert Wise, Mr Brian Lewis, Mrs Mary Box and Mr Derek Evans, officers of the London local pharmaceutical committees.

Mr Iles handed the protest letter to an attendant who opened the door. Earlier Mr Iles told *C&D* he hoped Mrs Thatcher would ask him in for tea.

Later, several members of the delegation were interviewed by the national Press and BBC television news—although there was little Press coverage the following day. On Thursday evening

the BBC showed aspects of the march and an interview with Mr Iles.

The marchers were mainly from the London area but there were small contingents from Merseyside, Stoke-on-Trent, Middlesbrough, and Essex and Home Counties. Telegrams supporting the protest were sent to Number 10 and to the group from LPCs around the country. Mr Iles stressed to *C&D* that ASTMS was not involved in the organisation of the march. PSNC disowned the march at a meeting on the Wednesday before.

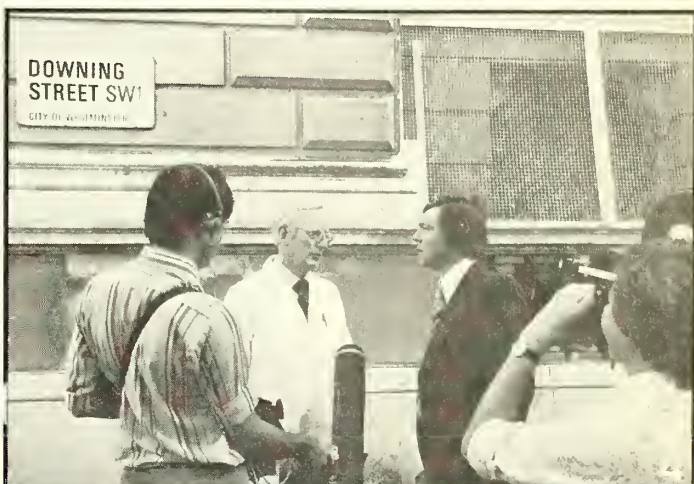
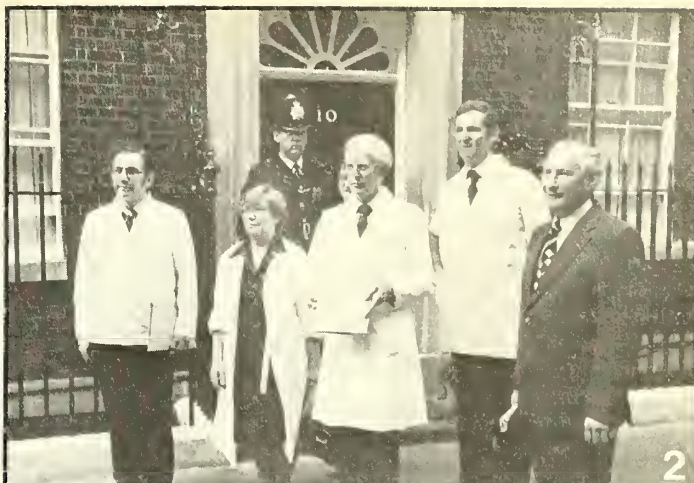
Before the march the leaders were impressed by the turnout. After the march they were clearly delighted. The police were reported to have said it was the most orderly march they had escorted.

Mr Blum, in a statement later, thanked all who had supported the delegation. The group, he said, believed the march to have been a success because:—

Chemists will not support us—no longer an excuse as protesters file into Whitehall?



15 September 1979



"It demonstrates that unity exists between contractors in their fight against Departmental dictatorship and injustice."

"The march and surrounding publicity has clearly demonstrated to the public that chemists have not received one penny piece increase in their remuneration, thus correcting the erroneous statements made in national media on August 9."

"It demonstrates to both the panel and the Department of Health that contractors urgently need more cash and are willing to close ranks and if

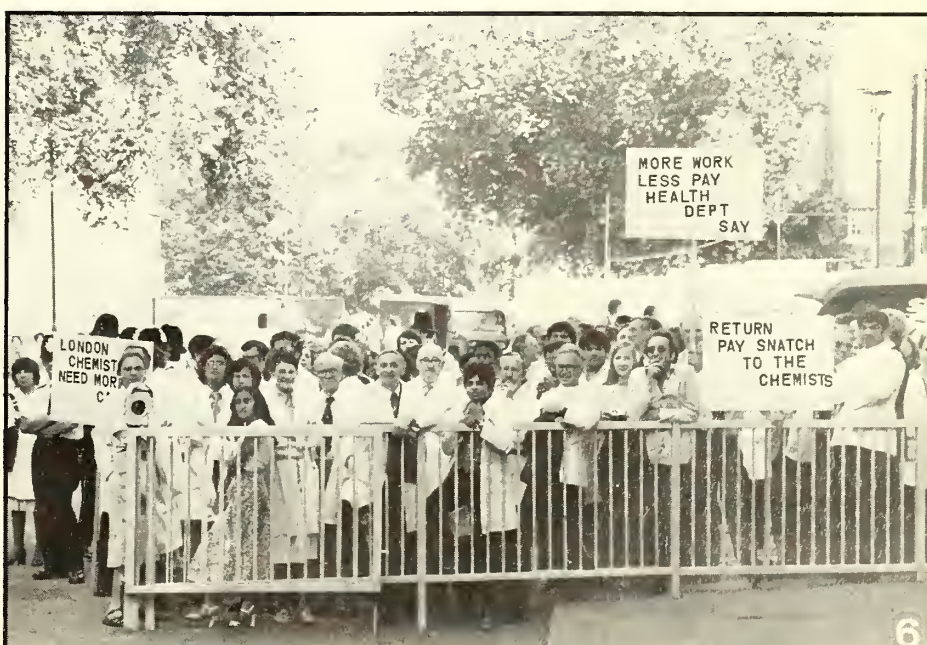
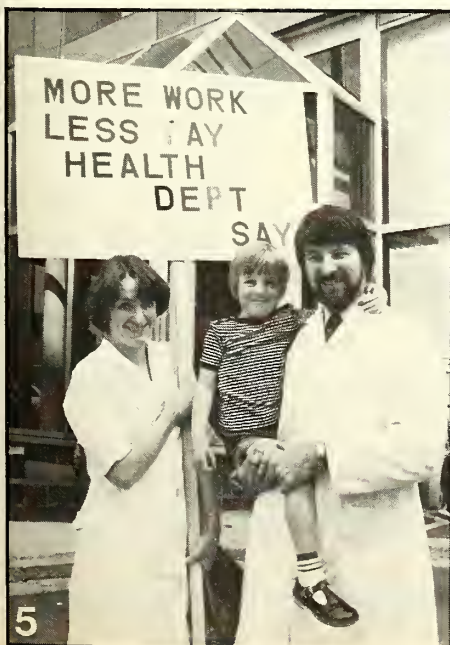
necessary to fight in an organised and united fashion any further injustice".

Mr Blum added: "Most of all, the march has demonstrated to my colleagues on PSNC that from now on the statement 'Chemists will not support us' is no longer an excuse. Given leadership pharmacists are willing to be organised in the fight for what is in equity rightfully theirs."

He said it was premature to commit the group to anything further. He would wait and see what effects the march would have. See also Letters, p410.

Picture details

1. Mrs Elizabeth Nobbs, a by-stander, joins the marchers. 2. The delegation: Mr Stanley Blum, Mrs Mary Box, Mr Brian Lewis (partially hidden), Mr John Iles (with protest documents), Mr Robert Wise and Mr Derek Evans. 3. Handing in. 4. John Iles is interviewed for BBC TV news. 5. Peter and Christine Ashton with three-year-old Matthew who brought the Merseyside petition. 6. Left at the barricade while the delegation delivers its letter to No 10.



Repayment of VAT still held up by C & E

Value added tax repayments to chemists are still being delayed—despite the official assurances of Customs and Excise—the National Pharmaceutical Association claims.

The NPA has this week written to the Chancellor of the Exchequer asking him to ensure that while the situation continues, Inland Revenue officials will not press for payment of PAYE and National Insurance contributions.

Mr J. Wright, NPA secretary, tells Sir Geoffrey Howe that the controller of the VAT central unit has confirmed that there is a backlog and that money due to repayment traders is being credited to their banks about two weeks later than normal.

"This delay, on top of the current credit squeeze, is resulting in acute cash-flow problems for many of our members who are finding that Government departments to which they owe money (notably the Inland Revenue) are becoming impatient. One of our Coventry members, to take a typical example, tells me that he is at present owed a total of £1,532 by Customs and Excise but has been threatened with court proceedings unless he pays to the Inland Revenue £971 outstanding PAYE contributions.

"I hope you will be able to assure me that everything possible is being done to clear the backlog at Southend and, in the meantime, that Inland Revenue officials will be asked not to press for payment of PAYE and National Insurance contributions where it can be shown that delay is due to late payment of VAT refunds. I may say that reports received from members throughout the country indicate that tax inspectors generally were most sympathetic and indeed helpful during the VAT computer strike earlier this year."

Mintel report toothpaste market suffering decline

The latest Mintel report on toothpaste shows that despite a 15 per cent volume growth in the market between 1973 and 1977, it seems to have suffered a decline during 1978 when it was estimated to have been worth £62m at rsp.

Eighty-five per cent of that market is divided between three companies—Gibbs, Beecham and Colgate. Proctor & Gamble became a significant force when they entered the fray and it is Gibbs who seem to have suffered the most. SR and Signal are said to be "holding their



Three of these ladies know they share the three £100, £50 and £25 prizes in the south of England regional final of the C&D Assistant of the Year Competition, sponsored jointly with NPA Products. But to learn their placings—and who goes through to the national final on November 29—they will have to wait another couple of weeks because the announcement will be made "at sea" during ICML wholesaler, Herbert Ferryman's, trade show on September 23. The lucky three are Mrs Lillian Fullick (R. H. Monk & Co Ltd, Liphook), Mrs Barbara Hammersley (P. Winstanley, Caversham) and Mrs E. Parnell (P. Gamblin, Gosport)

own" but Close Up is described as "not living up to its promise".

Beecham's Macleans, which has been the second largest brand for many years, is now thought to be losing some market share but this has been compensated for by the success of Aquafresh. Colgate Dental Cream, which holds the number one position, is said to be showing "impressive consistency".

Among "other" products, Sensodyne has a comfortable share. But own-label toothpastes seem not to be so popular with the consumer—even Boots, who enjoy a large share of other markets, are reported not to be doing so well. Mintel found a very high level of brand awareness among consumers.

Estimates of who gains most from toothpaste sales often conflict. Grocers' share is said to vary between 52 and 59 per cent. Boots alone have over half of the chemists' portion—estimated at 25 per cent—and as such are thought to have 15 per cent of the total.

Price is a major promotional weapon in this market—both in the cost to the retailer and thence to the consumer. About 90 per cent of all toothpaste sales are sold in with some sort of discount.

Mintel believes that in the future, the market will continue to be distinguished by a battle between the brands rather than by any great expansion in sales volume. The researchers also believe that there will also be an increased awareness of dental health which will lead in due course to fewer people with false teeth and so to more people using toothpaste.

Mintel reports are available on subscription from *Mintel Publications Ltd*, 20 Buckingham Street, London WC2.

Sainsbury closer to agreement?

Rumours are once again circulating about Sainsbury's anticipated move into the branded cosmetic market. They brought out their own range, Natur, in February this year and a spokesperson says it is going well and they are happy with it.

The most recent "information" is that by the beginning of October they will be stocking two well known cosmetic brands.

The company's reply to this rumour was to agree that "we are hoping to put a range of branded cosmetics into our stores and are at present negotiating for this". The spokesperson went on to say that the company had no idea how long these negotiations would take but hoped it would not be too long. They are unwilling to say with whom they are negotiating.

Chemists' sales up 14 pc

Sales by chemists rose by 14 per cent in July, according to figures published by the Department of Industry. Sales by retailers in general rose by 11 per cent to an index number of 290 (1971=100) with independents up 9 per cent to 249 and multiples up 13 per cent to 340. Independent chemists and photographic dealers' sales rose by 9 per cent to 268. The index number for all chemists and photographic dealers was 326 after the increase of 14 per cent in sales. NHS receipts are not included.

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Limitation of NHS contracts: Minister is unconvinced

Hopes that NHS contract limitation may be used to achieve a rational location of pharmacies received a set-back at the British Pharmaceutical Conference opening session in Exeter on Tuesday.

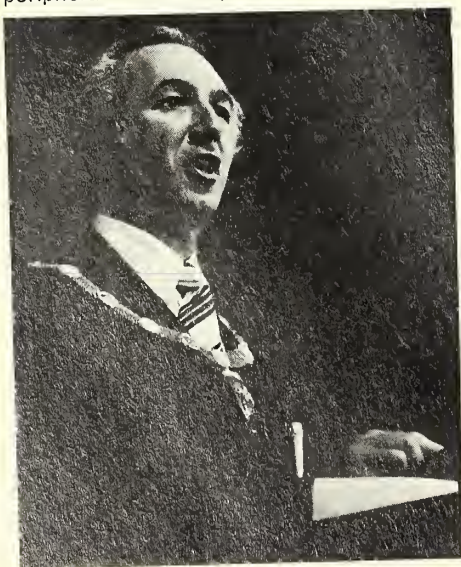
Mr Patrick Jenkin, Secretary for Social Services, indicated on Tuesday that he was not altogether in favour of any moves to limit pharmacists' NHS contracts—though Mr David Sharpe, president of the Pharmaceutical Society, later reminded him of the need to do so (see below).

Mr Jenkin said he was convinced of the need to maintain an adequate network of pharmacies and that the Health Minister, Dr Gerard Vaughan, would listen with "great sympathy" to the profession's proposals for rational location. But, he added, one of the more contentious of these proposals referred to possible controls on the right of entry into NHS contract. "I am bound to tell you that I would require a good deal of convincing to be persuaded that this is right or necessary".

Mr Jenkin said that the Government had no plans whatever for introducing a salaried general pharmaceutical service as recommended by the Royal Commission on the NHS.

On remuneration, Mr Jenkin felt that progress had been made with the recent increase in contractors' notional salary, but he warned that pharmacists' anxieties were only one facet of a National Health Service that was under increasing strain. There was no immediate hope of much extra money for the service as a whole.

David Sharpe: "Leapfroggers denude the peripheral community of pharmacies"



"An economy which is scarcely growing at all and in which no new resources are becoming available is not one that can afford substantial increases in spending on health", he said.

Pharmacists often complained that they were not paid for their advisory role. "With respect, I am not sure that this is right," he continued. "A pharmacist who is trained in the skills of his profession seems to me to have an indivisible role, where the areas occupied by dispensing, by advising, and by retailing proprietary products merge into one another. Given an adequate return on dispensing, and an adequate profit margin on retailing, I would find it very difficult to see how a pharmacist can be separately remunerated for his advisory work."

The Royal Commission on the NHS recently recommended introducing a limited list of drugs for NHS prescribing, but Mr Jenkin was far from convinced that such a scheme would achieve any economies or be in the best interest of patients. He felt that improving the information and training available to doctors were better means of improving the quality of prescribing, and pharmacists had an "enormously important part to play in providing this advice".

Mr Jenkin said that this autumn the Government intended to bring out a consultative document of proposals for NHS management and structure. The Government wanted to supply the structure and would look carefully at the recommendation that the Family Practitioner Committee services should in future be run by health authorities. "I myself can see serious difficulties in such a switch which would itself involve much disruption. It is difficult to see what major advantages might follow."

Innovation promise

Mr Jenkin praised the pharmaceutical industry for its "remarkable record" on innovation, investment, exports and labour relations, but stringent controls on new drug development were posing a threat. Without the stimulus of innovation the industry would "wither and die" and patients would be denied the benefits of new drugs. "I am extremely anxious that unnecessary impediments to innovation in the pharmaceutical field should be removed" he said.

Turning to product liability Mr Jenkin said: "My job is to try to reconcile the reasonable requirements for the damaged consumer with the need not to put un-



Patrick Jenkin: "I'd require a good deal of convincing"

reasonable burdens on manufacturers and doctors, and on pharmacists. Over-stringent product liability is as much a threat to innovation as over elaborate licensing procedures". A careful balance would be necessary when considering the revised EEC draft Directive, expected shortly.

Commission's report was a disappointment

Mr Sharpe returned to the limitation question in his opening address to Conference. The report of the Royal Commission on the NHS had been a disappointment to the profession, he said, since the Society had not been given the opportunity of elaborating on it in oral evidence. To illustrate the disappointment, he quoted from the report:

"Particular attention to the Commission's finding that there is insufficient difficulty in getting NHS prescriptions dispensed "to warrant the introduction of a national system for controlling the location of pharmacies."

Mr Sharpe commented: "The dispensing of NHS prescriptions is only part of the pharmaceutical service which we contend is for the well-being of the public. They must have ready access to a pharmacy to obtain those remedies which they require and can buy, and to have the benefit of pharmaceutical advice on health care."

NHS dispensing was not the only factor influencing pharmacy closures—just as important was the growing tendency of doctors to practise in groups. It affected the distribution of pharmacies in a community, for pharmacists would "leapfrog" and thus denude the community in general, and the periphery of the community in particular, of pharmacies. "This can only result in difficulty

for elderly patients and the mothers of young children. It will result in more visits being paid to medical practitioners, with the inevitable result of an increase in the NHS drug bill."

Contract flexibility

Turning to a different aspect, Mr Sharpe told Mr Jenkin that flexibility without rigid interpretation would be sought in the new NHS contract soon to be negotiated. Pharmacists would like flexibility, he said, so that increases in efficiency and productivity could be recognised. Rigid interpretation in the past had meant every reduction in the cost of providing the service had resulted in a cut in contractors' remuneration.

Mr Sharpe expressed the hope that the impasse with previous Governments would not be repeated, and that Mr Jenkin would recommend immediate acceptance of the findings of the independent panel accessing contractors' remuneration.

The 45 per cent increase in notional salary recently announced (*C&D* August 18, p240) was a welcome theoretical improvement, Mr Sharpe continued. However, because of the complicated balance sheet system, it had been impossible to pass on any of the sum to contractors as an increase in dispensing fees. Concern had already been expressed to Dr Gerard Vaughan, Minister for Health, that every increase in efficiency and productivity rather than being credited to those contractors who, by their efforts, had reduced the cost of providing the pharmaceutical service.

Mr Sharpe suggested that a maximum treatment period of 28 days would provide one economy in the drug bill. "We are not suggesting the imposition of any limitation on a prescriber's choice of medicines. We are saying that general practice should follow the custom in hospitals, where practitioners prescribe for a defined period of treatment".

For a patient with a chronic illness, a repeat prescription scheme should be set up under the NHS, Mr Sharpe said. Discussions were being held between interested bodies on the necessity of a pilot scheme. "We trust the conclusion to these discussions will not be long delayed".

The concept of absolute liability being applied to the work of a professional man, and in pharmacy's case, products supplied, was horrifying, Mr Sharpe said. "It would have the most serious effect upon our work". The concept had come from the concern of consumer interests, which might be laudable in certain respects, but became impossible when applied to pharmaceutical products.

Turning to powers delegated to the professions in the 19th century, Mr Sharpe said there was a feeling that central government wished to take them away. "Leave us our authority; leave us our powers; and provide for us the minimum of a government intervention", he told Mr Jenkin.

Over 1,050 are attending the Exeter Conference—a record.

TOPICAL REFLECTIONS

by Xrayser

Are you irresponsible?

As if to add a perfect postscript to my comment on the super-efficiency of the Macarthy group, I see in last week's *C&D* that they have to charge more than the manufacturer's recommended price for things like baby food and Kodak films. If they didn't, the discount they give to favoured customers would swallow up their profit on those items. I like it. If you don't happen to be a favoured customer—that is, you don't spend enough to qualify for the discounts—then it is just your hard luck and you will have to pay over the odds.

It seems that the days of your irresponsibles who haven't the strength to give wholesalers what they want are numbered. I'm not entirely joking, for with an insistence now on minimum monthly spending it will almost certainly mean that for the smaller pharmacy choices will have to be made. Either they spread their £3,000-£4,000 monthly evenly over the three wholesalers of their choice, thus obtaining precious little discount, but a reasonable service, or they plump for the one with the biggest discount, and keep one other as longstop at the level required. By cutting out the third there will be a real loss both in choice of goods, and the number of deliveries per day. Instead of perhaps, six calls a day, deliveries might drop to two each for two suppliers, an effective reduction in service of 33 per cent. Could anyone deny that this is one likely outcome of discounting?

Most of us by now have given in to the need to join one or other of the wholesaler's schemes, and irrespective of which firm you can hardly fail to note the pressure for a reduction of credit, in order to get best terms. It must surely be relevant to our negotiations with the DHSS in future, that with credits being pulled back from the three months I took a year ago to 30 days currently, it would be proper to press for a shortening of our wait for payment? [See also Letters, p410—Editor.]

Polaroid sell-through

I think it is true that with the introduction of Polaroid 1000 motorised camera, retailer resistance to stocking Polaroid cameras was largely overcome, for here at last was a camera which gave reasonable prints with no aggro. I hated the older models with their need to be held in exactly the right way, with bits of paper sticking out—which often seemed to tear off in your hand as you tried to load the things for customers.

So great was the failure rate in the hands of, let us say, the inexperienced, that we constantly have them offered as trade-ins, which we as tactfully as possible refuse. But we haven't had a 1000 back yet. In fact, despite Polaroid's "determined efforts to help the dealer sell out this Christmas" as reported last week, I haven't been able to get any stock off them for the last couple of months. . . . How about it, Polaroid?



Great interest is being shown in the potential use of multiple emulsions as drug delivery systems (see p402). This photomicrograph, taken at the University of Strathclyde department of pharmaceuticals, shows a water-in-oil-in-water emulsion, ie, an oil-in-water emulsion in which the oil droplets themselves contain dispersed water droplets. Drugs or enzymes may be encapsulated in the internal aqueous phase and it may eventually be possible to give insulin orally in this way.

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And it's going to stay the leading brand, if our latest sales figures are anything to go by.

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reach all those other denture wearers who don't use a fixative, with two major bursts of press advertising.

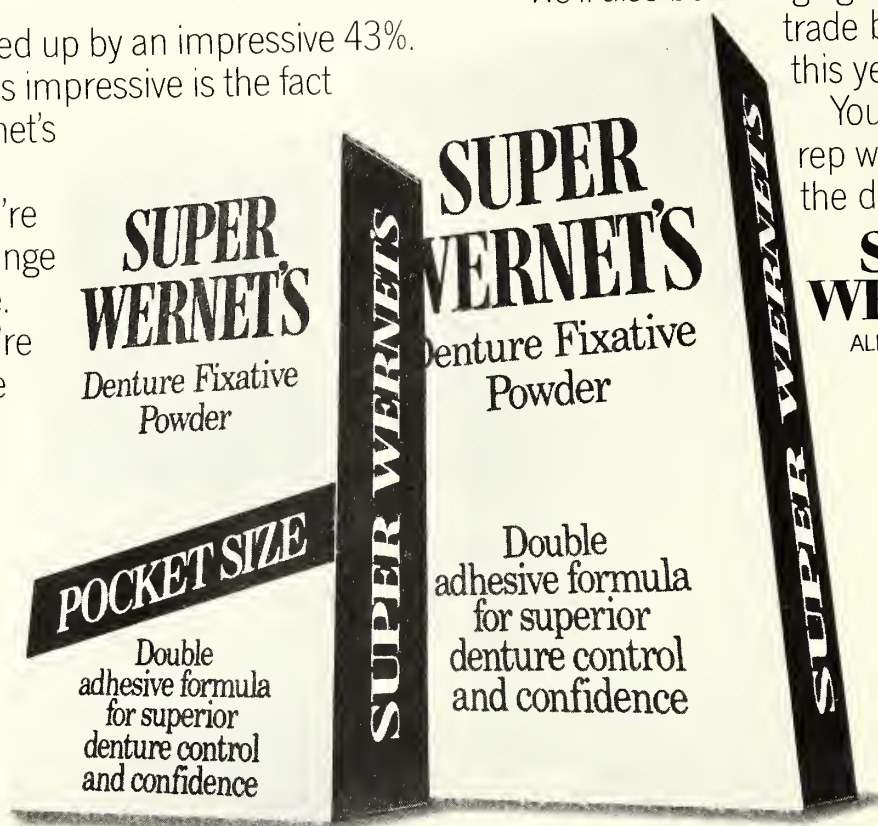
So be prepared for the demand.

We'll also be arranging a very generous trade bonus for later this year.

Your Stafford-Miller rep will give you the details.

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**LEADERS
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LOSE THEIR
GRIP.**

COUNTERPOINTS

Ultra Care new from Wella for 'impoverished' hair

Ultra Care is the name of a new hair conditioning system developed by Wella to combat "the age-old problem of impoverished hair". The system consists of two products; hair pack (50ml £1.60)—a 20 minute beauty treatment for the hair and scalp based on the face pack method, and high performance conditioner (trial 40ml £0.55, 250ml £2.70)—described as a "remarkably effective instant conditioning treatment".

Just as a woman uses a face pack to cleanse and revitalise her face, Wella have introduced a similar concept for the hair and scalp and called it—hair pack. It is described as a thick, rich moisturising cream which acts on the hair and scalp to replace lost natural oils and helps to maintain scalp moisture.

Users should shampoo their hair and apply the entire contents of the "pack", gently massaging it into the hair and scalp. Then the head should be wrapped in the special scarf provided to retain the head's natural body heat which in turn is said to make the ingredients work more effectively. When 20 minutes is up the hair pack rinses away; "leaving the hair supple with a healthy looking shine". There are two types to choose from; for dry and very dry hair and for coloured, bleached, or permed hair. Used every two to three weeks the pack is said to be able to undo the work



which, within a few minutes is said to give back to hair a "silky shining look and feel". To maintain the hair in good condition it is recommended that Ultra Care high performance conditioner should be used after every shampoo.

The Ultra Care message is being carried to the consumer with strong merchandising and media support. Display units, show cards, illuminated signs, window stickers, together with consumer leaflets, will be featured at point-of-sale, whilst an advertising campaign will appear in *Vogue*, *Woman's Journal*, *Cosmopolitan*, *Company* and the *Observer* colour supplement.

Each product in the Ultra Care Range is boxed in a pack designed to create maximum consumer awareness. *Wella (GB) Ltd*, Wella Road, Basingstoke, Hants.

Justso pack

Solport Bros. Ltd have up-dated the carton for their elastic wrist supports known as Justso (£0.99). The new carton holds 15 individually packed supports and has the facility for displaying one product in "wearer position", on the carton lid. More prominence is now given to Solport's brand name of Portia in line with other products in the company's range of chemists sundries and sports accessories. *Solport Bros Ltd*, Portia House, Goring Street, Goring-by-Sea, Worthing, West Sussex.

Garnier offer

Garnier Laboratories are offering consumers 20p off their next purchase of Reponse de Garnier shampoo (150ml size only) or Belle Color. The company are also re-introducing the 60ml size of Reponse de Garnier shampoo. On both the 60ml and 150ml sizes, there will be a neck-tag leaflet, giving full details of the Garnier products and incorporating a coupon worth 20p, which can be redeemed against any subsequent purchase of a 150ml Reponse de Garnier shampoo or Belle Color.

This is the first promotion from Garnier Laboratories since the launch of their products in this country in the spring. In the first period after the launch of Reponse de Garnier shampoos, the company claims that the range had gained a 2½ per cent market share. The promotion will be in most Garnier stockists until December, subject to stock availability. (*Garnier Laboratories*) *Golden Ltd (L'Oreal)*, Berkeley Square House, Berkeley Square, London W1.

Fattening up for winter sales

"Offer a lady chocolate' gâteau early in the New Year when the travel brochures have started to parade their charms and chances are she will refuse all but the merest morsel with a positive shudder. Make the same generous motion in October and she's much more likely to sigh comfortably, shrug a little, and dive in." According to Unipharm Pharmaceuticals this is not really so odd. "Because, although our average lady is usually more than keen to stay slim all year round, in the autumn promotions stop, and with nothing to remind one's conscience to whisper 'no', in goes the food and up goes the weight."

This year Unipharm have decided to follow the path they have already taken in Australia, promoting Slimgard all year through, and to underline the decision, Slimgard strawberry flavour is about to be launched to the consumer through a television and national Press campaign which will also include women's magazines. *Distributors: Pharmagen Ltd*, Chapel Street, Runcorn, Cheshire.

Squirrelling away for the winter with Unipharm and Slimgard



of sun, over-perming and the effects of central heating.

High performance conditioner is said to be for the woman who really cares about her hair and wishes to obtain the best possible result in the shortest possible time. Ultra Care high performance conditioner is claimed to do more than condition only the surface of the hair and that, say Wella, is what makes it so different. "It actually conditions your hair both inside and out penetrating the hair shaft with the effect lasting right through to the next shampoo".

There are two kinds: one for fine, delicate or fly-away hair that adds body and volume and eliminates static and the other for dry, dull, damaged hair

COUNTERPOINTS

Nicholas moving deeper into confectionery market

In their first concerted attack on the UK confectionery market, Nicholas Laboratories Ltd are aiming to gain immediate entry at the top of the market with a new sugar-based product. In fact, says John Turner, marketing manager of the company's recently set up confectionery division: "A projection of the results from town tests and a more extensive introduction into Scotland, points to a very real possibility that our new baby will rank as the biggest, most successful new product launch in UK confectionery trading for many years".

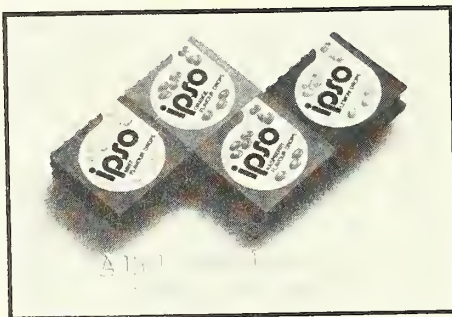
The product is a small, coloured, sugar confectionery called Ipso, packed 40+ to a pack which is expected to appeal equally to adults and children. Ipso sweets are packed in small containers—2in square and $\frac{1}{2}$ in wide. The containers are designed to interlock with each other so that when enough have been bought children can build them into toys. In preparation for the imminent national launch, Nicholas's new factory in the Republic of Ireland is turning them out at a rate in excess of one million packs a week. The question was put to the company asking why they are departing from proven areas of expertise into a market which is so different?

"To begin with", replied Mr Turner, "there's the matter of Nicholas' record—as an innovative company with a high level of achievement in new product development, and with the skills to guide products into brand leadership or situations offering high growth potential via opportunism in filling gaps in the market.

"So why confectionery? Because it is a vast market currently valued at £1,700m a year with clear opportunities particularly in the sugar sector. Whilst the chocolate sector is dominated, via a joint 80 per cent share, and skilfully guarded by the big three—Mars, Rowntree and Cadbury—the sugar end of the market is much more open. Seven top established companies have 52 per cent of the market between them with more than 200 manufacturers jostling for the other 48 per cent".

Whilst this is just Nicholas's fourth confectionery product introduction in the UK, the internationally operating group is not new to the market. The parent company in Australia moved into confectionery in 1975 when they purchased James' Chocolate company (the Irish factory trades under the James' name).

The UK company dipped its corporate toe into the water in 1977 with Whistling Pops, a children's boiled sugar lollipop



marketed under licence from Spain. This was followed up in 1978 with two further products—Merijel, under licence from Finland, and Pebble Mints.

Ipso is produced in four flavours—raspberry, orange, lemon and mint—and packaged in a mix of all flavours in outers of 48 retail packs.

A national roll-out launch was begun on September 3 after tests in two English towns followed by an initial regional launch in Scotland. The national roll-out launch starts in Border, Tyne-Tees, Lancashire and Ulster television regions with further regional introductions planned for January. During the coming 12 months, over £500,000 is being spent on television advertising. *Nicholas Laboratories Ltd, 225 Bath Road, Slough.*

New size Ribena

A new $\frac{3}{4}$ litre bottle size pack for Ribena is being introduced nationally from mid-August. The launch of the new pack size for Ribena follows a number of years consumer testing of a 26oz size pack in the Lancashire, Yorkshire and Tyne-Tees areas—where it is said to have increased regional sales of Ribena by over 5 per cent over and above the general blackcurrent health drink market expansion. The conversion of the 26oz to a $\frac{3}{4}$ litre bottle size is part of the general move to metrication, but will not affect the standard sizes.

The introduction of the new pack comes at a time when Beecham Foods are about to increase the spend in support of Ribena. Utilising the "Ribena scarecrow" theme in a national television campaign, Ribena is now to receive over £3m in support expenditure. "Our new budget represents an increase of 32 per cent in advertising terms", report Beecham, "and is designed to promote the sales of all pack sizes of Ribena. The "scarecrow" theme which has featured in recent campaigns has continued to promote almost total consumer acceptance and awareness of Ribena as the high quality, and value product it is." *Beecham Foods, Beecham House, Great West Road, Brentford, Middlesex.*

Matey joins forces with the Green Cross man

The makers of Matey bubble bath are to campaign for road safety in a series of promotions, aimed at children, beginning in September and running until spring 1980. The campaign centres around the Green Cross Code and numerous activities are planned, including a painting competition, a road safety game and teach-ins featuring the Green Cross man—David Prowse.

In the first stage of the campaign, each bottle of Matey will carry a self-adhesive, silver reflective spot marked with the Green Cross symbol. Children will be able to put the spot on their clothing or satchels and be easily seen by motorists. And there is a poster to send for depicting the Green Cross man giving Matey a blow by blow account of how to cross the road safely. For the Christmas period there will be a special gift carton featuring a road safety game which covers safety for child cyclists as well as pedestrians. *Nicholas Laboratories Ltd, 225 Bath Road, Slough.*

Fresh'n Clean advertising again

LRC Products Ltd are advertising Fresh'n Clean on television again this winter. Substantial sales increases are said to have resulted from previous campaigns in selected regions and the advertising is now being continued in London and extended to Harlech for the first time, says the company.

The commercial emphasising the cleansing and deodorising properties of the product will be shown in two bursts of two weeks in London and Harlech television areas commencing October 8 and November 5. *LRC Products Ltd, Sanitas House, Stockwell Green, London SW9 9JJ.*

Bodyform coupons

Throughout the month 8p off coupons for packs of Libresse Bodyform sanitary towels are being delivered direct to 10,000,000 homes in England, Scotland and Wales.

The promotion is part of the £1m campaign to launch the brand, introduced by Bowater-Scott in May this year. Experience with this type of door-to-door couponing promotion has shown that with most products, redemption has been taken up within two weeks of the coupon being "dropped" and the same applies to sanpro brands, says the company. *Bowater-Scott Corporation Ltd, Bowater-Scott House, East Grinstead, West Sussex RH19 1UR.*

Two for the price of one from Vichy this autumn

This October Vichy will be offering customers an opportunity to try two products from their range for the price of one. With every special purchase of Equalia at £2.95, Vichy will be giving away a 20ml trial size bottle of their eye make up remover lotion free, packed together in a presentation box. A display outer containing six offer packs has been designed. Vichy eye make up remover lotion is an oil-free lotion. It is said to have a pH similar to that of the lachrymal fluid.

In mid-September Vichy will be launching two autumn and winter advertising campaigns to support Equalia and their cleansing products. Based on full colour advertisements in leading women's magazines the Equalia campaign will build on the success of their spring advertising. Retaining a similar theme, with the Equalia headline "All skin is rich in water," Vichy will be taking double page spreads in *Cosmopolitan*, *Womans Journal*, *Company*, *Vogue*, *Over 21*, *Family Circle* and the *Observer colour magazine*, and single pages in *Good Housekeeping*, *Woman's Own* and *Harpers & Queen*.

The same journals have been chosen to carry full page colour advertisements of the Vichy cleansing milks and tonic lotions. These explain, with the use of line drawings, how to cleanse the skin in the best and gentlest way because: "Beauty begins with a carefully cleansed skin." Both campaigns will emphasise Vichy's distribution policy of selling exclusively through chemists. *Vichy (UK) Ltd*, 1 Hay Hill, London W1X 7HF.

Albion five

The Albion Soap Co have added a hand care lotion (£0.74) to their Simple range of products. As with the other products—soap, cleansing lotion, skin tonic, moisturising lotion and shampoo—the product contains no perfume or colouring of any kind. It is, says the company, "just kind". *Albion Soap Co Ltd*, 113 Station Road, Hampton, Middlesex.

Bunny relaunched

A new design in soft pink and blue has been used for the relaunch of Savlon baby care nappy liners featuring the "Savlon Bunny". Savlon baby care nappy liners are now available in trays of 12 boxes, each containing 100. A dump bin showing the new nappy liner packaging has been designed to hold four dozen boxes of liners. The dump bin displays one tray of a dozen boxes, with the others stored inside the bin. *Care Laboratories Ltd*, Badminton Court, Amersham, Bucks.

Free Bic razors with Brylcreem

Four free disposable Bic razors are offered in a sendaway promotion featured on special tubs of Brylcreem. Each of the three sizes of regular formula Brylcreem and of the 140ml anti-dandruff variant carries news of this promotion on a tub sleeve.

To qualify for four Bic razors—plus a coupon which reduces their next Bic buy by 3p—consumers have to purchase any two of these special Brylcreem tubs. *Beecham Toiletries*, *Beecham House*, Great West Road, Brentford, Middlesex.



Non-ergotamine Migraleve is the one anti-migraine specific you may sell over the counter

Sales (and prescriptions) are still rapidly rising. So check your stocks now.

Over half a million prescriptions for Migraleve speak for themselves.



Migraleve®
NON-ERGOTAMINE



International Laboratories Ltd., Lincoln Way, Windmill Road, Sunbury-on-Thames, TW16 7HN.

COUNTERPOINTS

Plough repack Meggezones because of rising costs

Meggezones are to be repackaged this autumn. The familiar red tin is to be phased out in order to cut back on escalating costs of tin plate and keep retail prices down, say Plough.

The new pack is a 50g "cekatainer"—a slim-line, lightweight box with a foil lining to keep the pastilles fresh. The familiar design of the Meggezones logo on a red background remains unchanged. There will also be no change in the formulation. The new pack will be distributed in a "Selfasta" display unit containing two dozen packs (£0.47 each).

In order to improve production of Meggezones, Rinstead and Glycerin pastilles, Plough have invested £100,000 in new machinery which will be installed in time for the peak winter season. The new plant will cater for the increased demand for all these products as it has the capacity to produce in excess of 350,000 pastilles per hour, says the company.

With sales of Meggezones already up by thirteen per cent this year plus a special sales drive starting in late September, Plough are predicting "smashing all previous records." *Plough (UK) Ltd, Penarth Street, London SE15 1TR.*

Processing to end

Processing of the now out-of-date Kodachrome II and Kodachrome X films has been suspended for about two months and will be discontinued completely in Europe in December. The Kodak colour processing division is the only laboratory offering this service in Europe currently, and after December the small amount of material still being received will be forwarded to Eastman Kodak in the USA for processing. *Kodak Ltd, PO Box 66, Station Road, Hemel Hempstead, Herts HP1 1JU.*

New cameras from Tudor

Tudor Photographic Group have announced the first of a new range of Tudomatic 110 cameras and the addition of a Tudor/Halina 126 gift outfit to their range.

The Tudomatic 201 (£8.97)—has features normally expected on more expensive 110 cameras, says the company—including capacity for 400ASA film, flipflash facility, f9.5, 25mm lens and 1/80 second, metal blade mechanical shutter with double exposure safety lock. The outfit also includes a Tudorcolor 110-20 exposure film and wrist strap in presentation box.

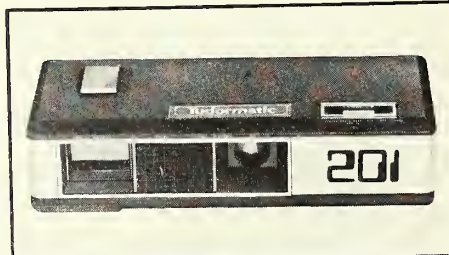


The Tudor/Halina 126 camera outfit (£7.95) is supplied with a Tudorcolor 126-20 exposure film, magicube and wrist strap. Quantity discount rates are available on both cameras. *Tudor Photographic Wholesale, 30 Oxgate Lane, Industrial Estate, London NW2 7HU.*

Agfa window scheme to be continued

Having had "great success" with their free window display scheme—over 500 photographic dealers installed it for the summer season—Agfa-Gevaert are continuing the offer for next year.

The window design kit consists of a scaled layout for the shop front, peel-off transfer strips and corners in orange, white and blue stripes incorporating the Agfa diamond, and a set of suggested shop front design ideas. To use the kit the retailer sketches out his new shop front design on the 6in grid sheets provided, peels off the adhesive-backed



pieces, and decorates his window, cutting the module strips to the required lengths. Professional help from a window display specialist is available free of charge if required. *Agfa-Gevaert Ltd, Brentford, Middlesex.*

PRESCRIPTION SPECIALITIES

PARVOLEX injection

Manufacturer Duncan Flockhart & Co Ltd, Birkbeck Street, London E2 6LA
Description Clear, colourless aqueous solution of 20 per cent N-acetylcysteine. Contains 200mg N-acetylcysteine per ml
Indications Use in paracetamol over-dosage

Dosage Initially 150 per kg body-weight of N-acetylcysteine given intravenously over 15 minutes followed by an intravenous infusion of 50mg per kg in 500ml 5 per cent dextrose over 4 hours, then by 100mg per kg in 1 litre of 5 per cent dextrose over the next 16 hours. Parvolex is most effective when administered up to 8 hours after paracetamol overdosage. Protective effect falls off slowly between 8 and 10 hours and more rapidly between 12 and 15 hours. Parvolex is ineffective after 15 hours and its use after this time may be associated with harmful effects

Side effects Hypokalaemia and ECG changes have been noted in patients with paracetamol poisoning irrespective of treatment. Therefore monitoring of plasma potassium concentrations recommended. Safety of Parvolex in pregnancy not yet established.

Storage In cool place

Packs 10 x 10ml ampoules (£29.40 trade)

Supply restrictions Prescription Only
Issued September 17, 1979

Hygroton colour

Future supplies of Hygroton 50mg tablets will be pale yellow (formerly yellow) say *Geigy Pharmaceuticals, Horsham, West Sussex RH12 4AB.*

Velbe pack

In order to minimise the possibility of confusion between packs of Velbe and Oncovin, Eli Lilly say that all future supplies of Velbe 10mg will have vial and carton labels with a blue stripe rather than a green stripe. Oncovin will continue to have a green stripe. *Eli Lilly & Co Ltd, Telford Road, Basingstoke, Hants, RG21 2UX.*

The day a baby acquires its first teeth it could start to learn a new habit, Oral-B. A good bit to last a lifetime. Because Oral-B have the only complete range of professional toothbrushes to offer for every member of the family. All scientifically designed by dentists for thorough plaque removal and gentle gum stimulation.

Oral-B toothbrushes have small heads of gentle round-tipped, high quality nylon filaments, and are flexible to reach between crevices. And all have a straight handle to allow the careful guidance needed for the thorough brushing of teeth.



They come in six sizes. The Oral-B 2 Row for babies. Oral-B 20 for children. Oral-B 30 for adolescents. The Oral-B 35 & 40 are the toothbrushes most highly recommended for adults by dentists. While the Oral-B 60 is for customers who prefer a larger brush - but most recommended for dentures.

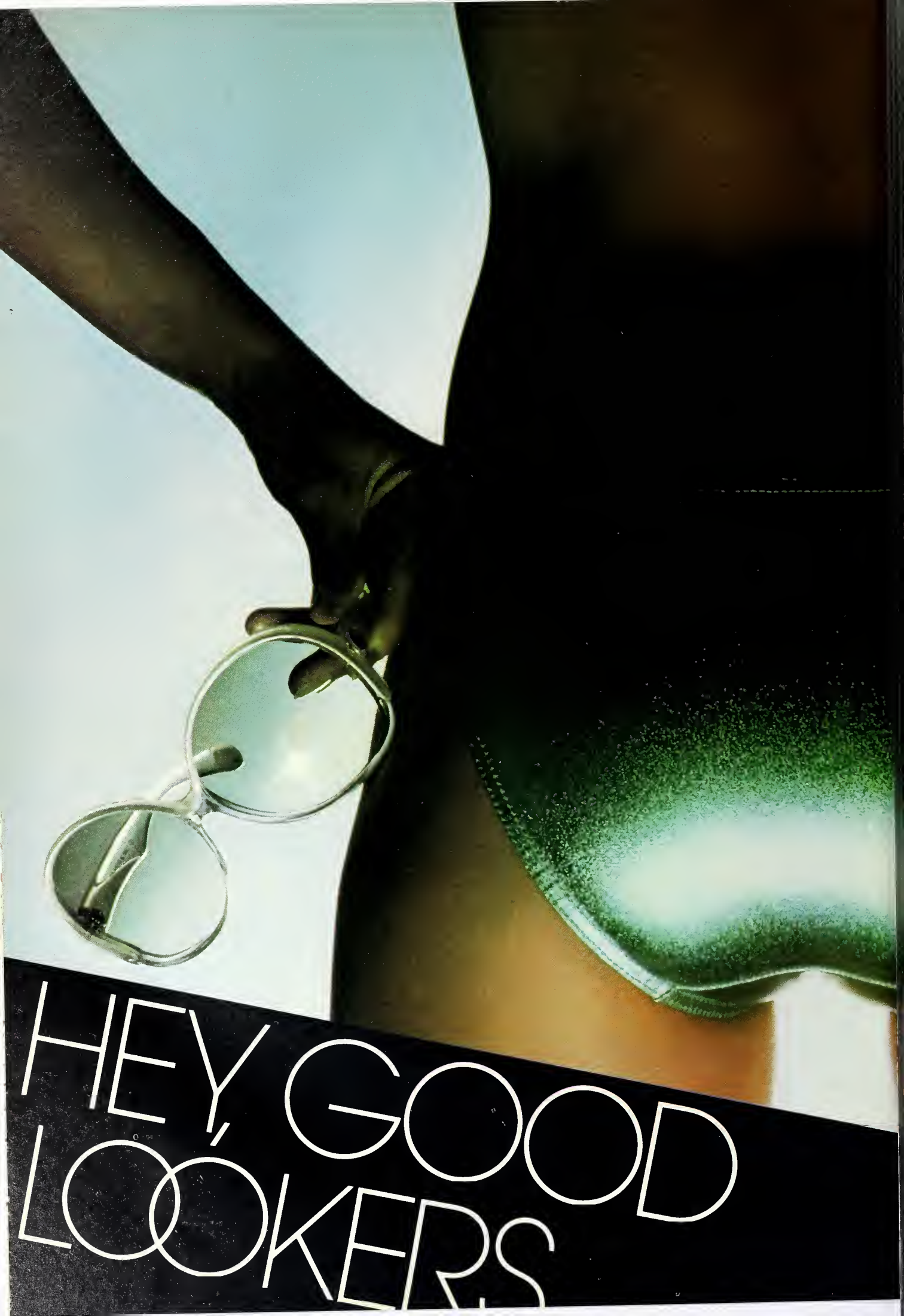
Oral-B is the only complete range of toothbrushes fully endorsed by the dental profession. So doesn't it make sense to stock them? Ensure your customers stay with Oral-B - the world's largest selling professional toothbrush.

Oral-B


The world's first name in dental care

Oral-B. A habit they'll never grow out of.



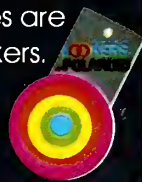


HEY, GOOD
LOOKERS



It's Lookers by name.
Good Lookers by
reputation. As we
move into the eighties.
With Polaroid. Over
100 sensational styles.
In marvellous metals.
Or provocative plastics.
With a complete range
of lenses, including the
very latest photochromics.
All bearing the Polaroid
name of quality. And all
with a 1 year replacement
guarantee. Order before
15th December, and
you'll also receive our
Early Bird bonus. Which,
on top of the high profits
you've grown to expect
from Polaroid, adds up to
a great deal. In fact,
you can't go wrong with
Lookers. Especially with
our support on TV and
in women's press. But
don't just take our word
for it. Speak to your
Polaroid representative
or distributor, and see
for yourself that the
best looking deals of
the eighties are
Polaroid Lookers.

LOOKERS
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Cambridge, Mass., U.S.A.
Polaroid (UK) Ltd, Ashley Road,
St Albans, Herts. AL1 5PR.
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Help Cow and Gate and Wendy Craig care for babies

Send me all your Cow & Gate pack tops and labels and Cow & Gate will donate 5p for each one up to our target of £20,000 towards the purchase of life-saving incubators in hospitals which you help to select.



Saving babies' lives is our most vital promotion yet.

Wendy Craig is helping to launch Cow & Gate's special care incubator appeal – our biggest and most important promotion ever.

Send the coupon opposite to receive full details of this, together with related point-of-sale material, and you'll be helping too. We plan to donate to hospitals up to £20,000 worth of vitally-needed incubators.

By giving Wendy prominence in your store, and by keeping up your Cow & Gate stock levels, you'll be helping yourself to well-earned extra profits.

And together we could be saving babies' lives.



The Babyfeeding Specialists

COUNTERPOINTS

Scholl prove that smelly feet do not rule OK

Corns and callouses may be what adults associate with problem feet but to most children in the East End of London, bad feet are just plain "smelly" feet. This became clear from the vast majority of posters submitted in "Feet Rule OK!"—a schools competition organised by the City and East London Area Health Authority and supported by West Ham United Football Club.

More than 150 posters, including the prize winners were on show at the Guildhall Art Gallery in London from September 5-15. As the exhibition coincided with the International Podology Congress in London, chiropodists from all over the world were expected to visit. Prizes were presented by England and West Ham footballer Trevor Brooking.

Overall winner of the competition is Jason Chant, aged 9 from St. Mathias School in Tower Hamlets. His poster shows happy foot-shaped men beating unhappy ones at football, using the slogan—Make your feet a winning team! Jason will be presented with a bicycle and his school will receive a cheque for £200 for sports or play equipment, donated by Scholl (see picture).

A special prize for another poster of outstanding merit has been awarded to 10-year-old Yasmin Parsons, whose poster of a foot print focuses on problems such as corns, bunions and callous. Yasmin, a pupil at St. Dominics School, Hackney, receives a radio/cassette from Footman Ltd. A Lego set will go to one of the youngest entrants in the competition, five year old Paul Martin from Morningside School, Hackney.

"Feet Rule OK!" is the first foot health campaign organised by an area health authority with the help of commercial sponsorship. It is the brainchild of Don Beaton, area chiropodist for City and East London, to focus



attention on children's feet during the International Year of The Child. Crippling foot deformities often start in childhood and, says Mr Beaton, result in more than a million people over 65 receiving NHS treatment each year.

After years of foot health instruction on the importance of well-fitting shoes, it came as a bit of a surprise when the vast majority of entries used smelly feet as the main theme, yet Mr Beaton feels far from discouraged. "It has taught us a valuable lesson", he says. "After all, children's feet usually don't hurt, even when squashed in tight shoes or socks; the trouble is that their bones are still too soft and malleable, so they'll adapt to very tight footwear. Smelly feet are a social stigma and we should use this as a focus to create interest. After all, the idea of bad breath has proved to be more powerful in putting youngsters off smoking than the fear of cancer!"

Following the Guildhall exhibition, chiropody and health education staff of the East London Area Health Authority will include a travelling show of the posters and seminars for health visitors,

nurses, teachers and shoe shop assistants. The campaign has sparked off such interest—attracting enquiries from far outside East London—that plans are now under way for a national competition next year. *Scholl (UK) Ltd, 182 St. John Street, London EC1P 1DH.*

Free conditioner

A consumer offer to be launched this month by Fulford Williams International will give customers a free gift of vitaminised nail cream when they purchase the lanolised cuticle remover from Cutipen's Just for Nails range. Carded packs featuring a "balloon" message: "Buy me—I'm free" are available in the house colours of red and black. *Fulford Williams, Cornwall Road, Hatch End, Pinner, Middlesex.*

Yardley's gold blush

New from Yardley for the autumn are four shades of gold-flecked creme blushers (£1.10). Available in cinnamon gold, turkish delight, glace cherry and peach melba, the creme blusher is said to be easy to use, gliding on to the skin, colouring, shaping and contouring. *Yardley of London, 33 Old Bond Street, London W1.*

Guest soaps

The latest introduction to Bronnley's Honey & Beeswax range is a new pack of six visitors' size soaps (£2.35 for six), each made with pure and natural honey and real beeswax. Each of the six fragrances in the range is contained in individual packs which come in a long cellophane container. *H. Bronnley & Co Ltd, 10 Conduit Street, London W1.*

How you can help save a baby's life.

We're asking mothers to return Cow & Gate labels and pack tops. For each one received, we donate 5p (up to a total of £20,000) to buying precious incubators.

Please help by sending off the coupon and displaying full details in your shop. Or ring Vicky Adams on Trowbridge (02214) 3611.

Please send me promotional material for the Cow & Gate Wendy Craig 'special care' incubator appeal.

Name _____

Address _____

To Cow & Gate House, Trowbridge, Wiltshire BA14 8HZ.



COUNTERPOINTS

Researchers comment on a mixed bag of advertisements

The very striking television advertisement for Fiat Strada cars was placed equal top with Austin Morris cars in the league table of interest levels among watchers in London.

TABS (the Television Advertising Bureau) compile this table every month among a panel of 3,500 viewers in the London television area. They also compile a separate table for C&D of products usually sold by chemists. This month Lucozade heads this list with a score of 62 (50 is a good average, 81 the highest ever recorded and 30 is reported as low). The list is as follows:

Lucozade	62
Hedex	61
Polaroid cameras	60
Milton products	60
Agfa cameras	59
Kleenex toilet tissue	59
Andrex	58
Johnson's baby lotion	58
Philishave	56
Kodak cameras	56

A new feature of the TABS table is that the panel was also asked to comment as to why they rated certain commer-

cials so highly and others so badly. The researchers found that while some products attracted a lot of comments, others brought in none at all. In some cases too, opinions were widely divided as to the merits or otherwise of a particular campaign. Some manufacturers may not find certain comments very flattering!

On the whole the advertisement for Lucozade was well received—"The music is appropriate for the product and the cartoon is absolutely lifelike, especially the one with the dog in it". Hedex attracted a lot of attention, much of it critical—"too repetitive"; "It's set up as if it were an off the cuff interview whereas it is so obviously a pre-rehearsed act with women who just 'happen' to use the product", "has a retarding effect on a product trying to compete in a very competitive market. Perhaps the persons in the advert were genuine. If so it certainly didn't seem like it". However the advertisement obviously worked for a lot of people too; "although not highly imaginative it does highlight the name of the product".

Johnson's baby lotion also attracted a great deal of comment, mostly favourable—"Easy to watch and amusing. I think it is good because it conveys a message to me of being gentle enough for a child's skin but still suitable for removing make-up.", "I thought she was lovely and so natural". One note of criticism—"Psychologically very bad as many youngsters will be experimenting with mother's make-up".

Milton fluid—"Sensible advert for an essential product"; Kleenex toilet tissue—"weak, boring and uninteresting"; Andrex—"clever use of children and animals when really convincing, appeals to both men and women alike". The advertisement for Kodak cameras was favourably commented upon—"excellent presentation, short and to the point", "... visually attractive" but it doesn't seem that many people have understood the technical breakthrough achieved by that particular campaign. More information and reports covering all advertised brands are available from TABS at 12 Greek Street, London W1. (Telephone: 01-734 9773).



bp

Today's easy-care system for soft contact lenses.

The Burton Parsons range of soft contact lens solutions have been developed to be the most complete lens care systems available today.

Each product has received the approval of the American F.D.A. and is especially formulated to ensure unsurpassed efficiency and safety.

When you recommend BP contact lens solutions you are recommending the very best.

Further information available from Burton Parsons Chemicals (UK) Ltd., Unit No. 4, Rich Industrial Estate, Crimscott Street, London SE1. Tel: 01-231 2794.

bp for high quality
contact lens solutions

Dettol's charity challenge to chemists and customers

Reckitt and Colman are planning to provide a stable home for emotionally disturbed children—with the help of chemists and their customers.

An exclusive promotion to chemists offers 10p to charity for every 500ml Dettol sold, and the money will set up a house for five children.

Seven years ago, actress Coral Atkins opened a home in Berkshire and began to devote her life to caring for homeless children. While in Manchester, making the *Family at War* series, she visited various children's homes. She came across many disturbed children with nobody taking personal responsibility for solving their problems.

Ms Atkins says: "When children are taken into care they go first to a reception centre and then perhaps to an assessment centre, and from there to a children's home. After a while a decision is made to arrange fostering and the child is sent to a foster home. By this time the child is very disturbed—the whole thing breaks down and the child goes back to the children's home, but rarely the same one because meantime the places have been filled."

She was determined to give these children a place they could really call home and put down roots. She bought a thatched house called Crossways and eventually took in 12 children, becoming a surrogate parent.

Far from easy

However, her first experiences were far from easy. Having spent £10,000 on renovating Crossways she approached the Department of Health and Social Security with an offer to take in some children.

Unfortunately she had recently parted from her husband although she still had her son with her. The Department turned her down.

So she began lobbying for support. Eventually the head of a local hospital for disturbed children helped her and a year later she took in her first residents.

Much of her time is spent on raising money. Locals respond generously and there are abundant gifts at Christmas. Every summer the whole "family" goes to the Costa Brava for three weeks. All her earnings from *Family at War*, together with £15,000 she raised, went towards her home. She is shortly to reappear on the television in a series called *Flesh and Blood* after an absence of seven years. Filming in London means not being far away from home and the money she earns will add to her funds.

Now she wants to renovate a derelict cottage in the Crossways grounds, and



Actress Coral Atkins with Crossways, her home for disturbed children, in the background. She needs £10,000 to renovate a cottage in the grounds which would house another five children.

that is where chemists and customers enter the scene. At least £10,000 is needed for repairs.

Ms Atkins prefers to take children un-

Help me turn a house into a happy home for disturbed children

Coral Atkins' message

der ten years old. Much above that and there is not much hope, she admits. In order to help the children as much as possible, Ms Atkins has qualified as, and practises as, a psychotherapist.



The Dettol promotional pack carries a crowner with a tear-off token as proof of purchase. For every token collected Reckitt and Colman are giving 10p

At the moment, Ms Atkins and her staff care for 13 children at Crossways, but they cannot take any more without new premises. Her aim is to establish a number of homes each looking after about five children.

The promotion runs until November with a trade incentive of 25p off each dozen, reducing the trade price to £5.39. Reckitt and Colman suggest a selling price of £0.65 to show a 20 per cent profit. Point-of-sale supporting material comprises a window poster, a shelf strip and a plastic collecting bag for the tokens which customers must remove from the Dettol crowner. The promotion carries the slogan "Help your chemist raise £10,000 for the Coral Atkins children's home".

The promotion will be available through Reckitt and Colman representatives only, to ensure it remains exclusive to chemists and Ms Atkins will be promoting her cause on local radio.

The charity support promotion has been tested in Woolworths and some supermarkets. The experience gained there leads Reckitt and Colman to believe that housewives will adopt a cause on certain conditions.

The charity must be specific, and must not be overseas. The cause must not be one for which housewives think the government should have responsibility. It should not be for able-bodied children.

Reckitt and Colman believe the Coral Atkins charity to fulfil all the criteria. In addition, having a well-known personality connected with the cause will bring extra interest, they say.



Ten years ago, we virtually invented the hair conditioner.

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Their success added testimony to our policy that new conditioners would only be launched when we were confident of their success.

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There are two types of Ultra-Care Conditioners, each in two formulations for different types of hair.

Two new c
from Wella. Th
the others



The Ultra-Care Hair Pack is applied for at least twenty minutes, during which time it cleanses and moisturises deep into the scalp while conditioning the hair.

Most women will need to use it every two to three weeks.

Whilst, for use after every shampoo between Hair Pack treatments, there are the Ultra-Care High Performance Conditioners.

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South Croydon, Surrey CR2 6UX.

British Pharmaceutical Conference, Exeter

Survey highlights the lack of directions on scripts

A survey of the information given on prescriptions was one of five papers to be presented at the Conference practice research session on Wednesday, after C&D went to press. Candidates were eligible for the C&D Conference Medal and Award, with the winner being announced later in the week.

A Middlesex pharmacist has found that over a quarter of prescriptions presented to his pharmacy are written with inadequate instructions.

The study, carried out by Mr Ian C. Taylor, Uxbridge, showed that 872 (26.6 per cent) of 3,278 items requiring labels did not have sufficient information as to how the medicines were to be used.

When Mr Taylor interviewed patients having 702 of the "inadequate instructions" prescriptions, 99.3 per cent appeared to know how to take the medicines correctly. These interviews revealed that 377 (39.5 per cent) of the prescriptions were for non-repeat items, over one third of which (132) were given without the patient seeing the prescriber.

For the 425 repeat items, 341 (80.2 per cent) had not seen the prescriber but all these patients understood how to take their medicines correctly. Overall, 43 per cent of items in the survey were written after a visit to or by the prescriber, the rest being prescribed at the patient's request.

"It was surprising the number of patients that had been warned about the dangers of some of the drugs," Mr Taylor commented. "Patients had obviously been well instructed by the doctor, nurse or pharmacist in the past. With the large number of patients not actually seeing the prescriber, some bad habits had been perpetuated. Hence the prescribing of 32 out of 702 items that were not going to be used."

How kidney patients cope with medicines

Mrs K. M. Bailey studied how patients under the care of the renal unit at Whipton Hospital, Exeter, carried out their own medication at home. Ten home dialysis patients took part in a six months' trial during which each was counselled on the names and doses of all drugs taken, the reason for taking them, the effects of not taking them and how to cope with any problems. Medication

cards were also given. Patients ordered their own supplies of dialysate, vitamin, iron and aluminium preparations, etc, every month. Ten similar patients acted as time controls.

Seven trial patients (three having died) all accurately ordered their own medication and, over the first four months, a total of £77.79 was saved.

Mrs Bailey concluded that patients can manage their own medication when educated by a pharmacist and when they maintain links with this pharmacist for support. Although renal patients are highly motivated because they depend on their treatment for survival, Mrs Bailey suggested that a pharmacist's counselling could also encourage other patients to understand their treatment better. She felt that verbal counselling and medication cards have replaced the label as the most important means of communication and that her system could be automated by unit pack dispensing and computer print-outs for medication cards, thereby freeing the pharmacist for patient education.

Cost savings when drugs re-used

Mr Brian Ellis, St George's Hospital, London, carried out a survey which showed that £1,500 a year could be saved in his hospital if the medicines patients brought in on admission were re-used when the patients were discharged.

When patients were admitted, their medicines were placed in special envelopes and left for the ward pharmacist who identified them, recorded them on the prescription chart and compared them with the first prescription given on the ward. Any significant discrepancies were brought to the attention of the prescriber. The medicines were stored in the pharmacy and, if they were still in good condition and corresponded to the discharge medication, they were re-dispensed as all or part of that treatment.

The results showed that, 36 per cent of the medical patients and 23 per cent of the surgical patients studied were taking prescribed medicines before admission. Most of the surgical patients brought in their medicines while only about 60 per cent of the medical patients did, but this difference might only reflect the urgency of admission.

It was often difficult to determine what the patients had been taking before entering hospital and Mr Ellis suggested that it would be helpful if patients carried medication record cards. The labelling of some containers was not clear and some patients had transferred medicines from one container to another.

Only 16 of the medicines brought in were prescribed for patients on discharge in the same strength, dose and directions. Although the value of drugs re-used on the two wards studied was only £30.09, if extended to the whole hospital it would amount to about £1,500 a year. The time taken in sorting each patient's medicines was about five minutes.

Industry's value as information source

Mrs B. J. Stewart and Mr M. H. Jepson, department of pharmacy, University of Aston in Birmingham, carried out a survey on how general practice pharmacists use the pharmaceutical industry as a source of drug information. They sent out questionnaires to 332 West Midlands pharmacies and 190 medical representatives.

Of the 161 pharmacists replying, 76.5 per cent found direct mail from companies and package inserts "average to good", 70 per cent found the ABPI Data Sheet Compendium "good or very good", 43 per cent found medical representatives' visits "average", 41 per cent found contact with companies' information departments was "average to good", and 39 per cent quoted direct mail (from all sources) as the means whereby they were most likely to learn about new medicines.

Pharmacists ranked the introduction of new products the most important func-

Continued on p403

**BRITISH
PHARMACEUTICAL
CONFERENCE
EXETER
1979**

PROFESSIONAL SESSION

Work on new presentations of old drugs could extend the usefulness of many compounds and enhance the pharmacist's professional status within the drug industry.

These points were made by Dr David Ganderton, chairman, Conference Science Committee, during Tuesday's scientific address. Because introducing new compounds was now such a long and costly business many companies were examining existing drugs in the hope that manipulation of the dosage form would improve the treatment of disease.

But Dr Ganderton stressed the need to define those clinical situations where pharmaceutical innovation was a real advance in the quality of treatment and a true benefit to the patient. "We should

at Charing Cross Hospital Medical School had studied the use of liposomes as carriers of drugs, enzymes and hormones in the treatment of cancer, enzyme-deficiency diseases and diabetes. Although these researchers have been able to localise these liposomes in rat tumour cells, they have met with less success in humans. Attempts have been made to increase liposome specificity by incorporating antibodies into the surface.

Science Award for liposome research

During his Conference Science Award lecture, Professor Ian Kellaway, professor in pharmaceuticals, University of

phase and the bilayer provides a useful guide to the liposome's ability to trap the drug.

For optimal drug delivery, liposomes must vary according to their medical use. The main factors to be considered in their formulation are size and size variation, composition, fluidity (ie how rigid the bilayers are), surface charge and the incorporation on the surface of targetting groups which have an affinity for specific cells in the body.

Professor Kellaway also outlined how liposomes interact with bile and mucus, and the ways in which the lipids in the liposome are exchanged with lipids in cell membranes. Distribution in the body may be studied by gamma-scintigraphy in which gamma-isotopes are incorporated into the liposomes and their position traced.

Multiple emulsions feature in the science sessions

Multiple emulsions are showing promise as possible drug delivery systems and some of the 98 papers presented during the science sessions described work that is being done in this area.

The emulsions are formed by making a water in oil emulsion, for example, and redispersing it in water, resulting in a water-in-oil-in-water emulsion (W/O/W). A drug dissolved in the water in the first emulsion has therefore to pass from the oil phase into the water phase before it is released.

The emulsions may be given orally or intramuscularly. When injected, the external water phase dissipates allowing the drug to escape slowly from the water-in-oil system.

One possible use for multiple emulsions could be to prevent a drug from being broken down in the gut. A drug which is usually inactive orally could be suspended in the internal water phase; it would then pass unharmed through the intestinal wall and be released when the emulsion was broken down in the bloodstream.

Anti-cancer compounds and anti-emetics are among the drugs being studied as suitable for administration in multiple emulsions. One major drawback is that drugs can upset the delicate balance of factors which maintain stability. Professor A. T. Florence and Mr D. Whitehill, University of Strath-



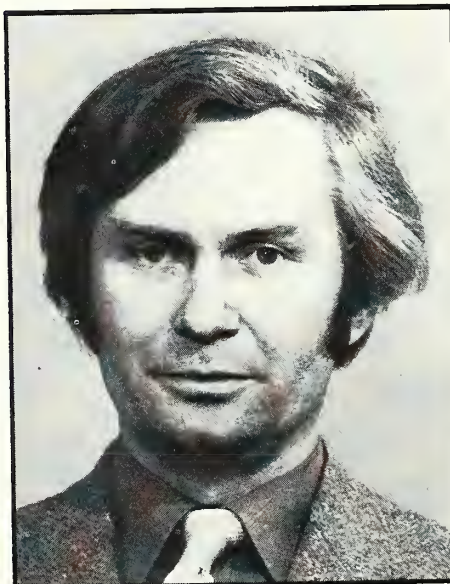
Dr Ganderton: Extending use of drugs

not be diverted by clever physical and chemical devices which must then go in search of an application," he said.

Dr Ganderton felt that pharmaceutical manipulation should be directed towards controlling the site, duration and intensity of drug action. Devices such as implants were concerned only with duration and intensity. Liposomes were showing promise as a means of controlling all three factors, although much work had to be done before they became a practical proposition—work in which pharmacists could play a significant part because of their knowledge of complex dispersions.

Liposomes are small closed vesicles, made from biodegradable phospholipids, which can be used to carry drugs to internal sites of the body.

Professor B. Ryman and her colleagues



Professor Kellaway: Work on liposomes

Wales Institute of Science and Technology, described in detail the work being done on liposomes.

Besides their possible use in cancer chemotherapy and enzyme replacement therapy, liposomes also showed promise in the treatment of viral and parasitic diseases, arthritis, immunopotentiality, and in the oral administration of enzyme degradable and unabsorbable drugs, Professor Kellaway explained.

Liposomes consist of concentric phospholipid bilayers separated by aqueous compartments in which lipid-soluble or water-soluble substances respectively can be trapped. The way in which a drug is distributed within a liposome depends on its structure and affinity for lipids.

Measurement of the partition coefficient of the drug between the aqueous

New drug delivery systems

enhance pharmacy's status'

Strathclyde department of pharmaceuticals, have been investigating the stability of multiple emulsions by the technique of cinemicrography, in which the emulsion is placed under a microscope and a film taken of the water droplets moving inside the oil droplets. In this way the researchers hope to improve the stability of the emulsions by finding out what causes them to rupture and release their contents.

Professor S. S. Davis and Dr A. S. Burbage, Nottingham University, have been studying the activity of the internal aqueous phase by using tritium as a radiotracer.

Test for drugs that irritate the gut

A method for detecting whether new drugs will irritate the gut has been developed at the University of Aston's department of pharmacy. The method involves measuring the amount of mucosal epithelium lost from rat ileum when the drug under test is passed through.

R. Walker and K. A. Wilson, who outlined the procedure during the science sessions, discovered that the mucosal damage caused by indomethacin, a known intestinal irritant, was dose dependent. Aspirin and phenylbutazone also caused significant mucosal loss but paracetamol and diclofenac did not.

Prostaglandin E_2 prevented the loss due to indomethacin and the researchers suggested that gut damage caused by these anti-inflammatory agents may depend on their ability to inhibit prostaglandin synthesis.

Safer antibiotic

Aminoglycoside, tetracycline, polymyxin and lincomycin antibiotics can induce muscle paralysis when used together with muscle relaxants and general anaesthetics. I. G. Marshall and colleagues at Strathclyde University's department of physiology have found that cefoxitin may be a safer antibiotic to use during surgery. Their work in animals has shown that cefoxitin has little effect on neuromuscular and autonomic transmission, and they concluded that neuromuscular block is unlikely to be an important side effect of this antibiotic.

Lens solution containers

It has been suggested that solutions for soft contact lenses should not be stored in plastic containers because these

materials tend to absorb the antimicrobial agents, making the solutions less effective. Workers at Hoechst Pharmaceutical Research Laboratories have been investigating whether glass, which is generally considered to be inert, is a more suitable packaging material.

They were surprised to find that the concentration of chlorhexidine gluconate in a soft lens solution fell by 16 per cent and 25 per cent when stored for six months in amber and clear glass containers respectively. Storage was in the dark at room temperature. The thiomersal concentrations of the same solutions fell by 4 per cent and 1 per cent when stored in polypropylene and polyethylene containers respectively. Chlorhexidine in these containers showed a similar loss.

The researchers concluded that al-

though amber glass would be the container of choice for a solution containing thiomersal alone, polypropylene is more suitable for long term storage of solutions containing both chlorhexidine and thiomersal.

Long-lasting aspirin mixture?

Substances which may prolong the shelf life of aspirin mixtures are being studied at Manchester University's department of pharmacy. These substances are non-ionic surface active agents known as pluronics (polyoxyethylene-polyoxypropylene block polymers). When dissolved in water with aspirin they slow down the rate of hydrolysis of the aspirin, and the researchers are investigating which pluronics have the greatest effect on stability.

PRACTICE RESEARCH SESSION

What 'reps' think of pharmacists

Continued from p401

tion of the representatives' visits, followed by provision of up-to-date information. Stock-taking, ordering and sales promotion were considered the least important.

Of the 140 representatives replying, 97 said that over 80 per cent of general practice pharmacists saw them readily when they called, but 100 thought up to one tenth of pharmacists were rude to them. Half the representatives thought their main function was to advise on products being detailed to local doctors while nearly two-thirds thought that replacement of damaged and out-of-date stock was their least important role. Visits lasted from six to 10 minutes on average.

When asked whether there had been a change in pharmacists' attitudes towards representatives in the past few years, one third of those who thought there was said that pharmacists had become more business-minded.

The authors concluded by hoping that reductions in the industry's promotional expenditure would not detract from its service to pharmacists.

Standards for water used in surgery

Mr L. W. Pielou, Ulster Hospital, and Professor P. F. D'Arcy, Queen's University of Belfast, studied the use of sterile "non-injectable" water in hospitals

with a view to determining a specification for it. At present no official specification exists and each hospital prepares the water according to arbitrary local criteria.

A survey of Northern Ireland hospitals covering 15,000 beds showed that "non-injectable" water was used in 17 different ways, the main uses (accounting for 92 per cent) being—rinsing instruments or hands during surgery, abdominal surgery "warm packs" (where the exposed bowel is kept warm by applying wet swabs), as a diluent for antiseptics, and for humidification.

The authors suggested that "non-injectable" water must be free from viable organisms, must be of standard chemical composition and contain no undesirable solutes. The presence of pyrogens and particles could be dangerous if the water is significantly absorbed by patients so it is essential for certain procedures that "non-injectable" water is of the same standard as water for injections EP. Providing a lower grade for other uses by sterilising purified water without considering its particle or pyrogen content could save money but would complicate production routines and create problems of ensuring that nursing and medical staff did not use it for critical procedures. All "non-injectable" water should therefore be prepared to the standard of water for injections EP, the authors concluded.

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For further information contact Adrian Jones,
Haffenden-Richborough Ltd., Sandwich, Kent. Telephone: 030 46 3381.

'Better pay' is first priority

During a session on "General practice pharmacy in a changing world," Conference members voiced their opinions on how the profession should move into the twenty first century.

The main priority for general practice pharmacy in the future must be to solve remuneration problems, according to Mr David Dalglish, a proprietor pharmacist and member of the Pharmaceutical Society's Council.

"We must get over to the politicians and the patients that the present system is equivalent to trying to interpret space age technology with stone age expertise," he said in a paper presented to Tuesday's professional session.

The "piece-rate mentality" on which the contract was based was more suitable for the manipulative role which pharmacists had at the start of the NHS, he said. But pharmacy had moved from being mainly a manipulative profession to being a highly trained interpretative and advising profession.

"If we are not allowed to use our skill because of the system, then patients will continue to die unnecessarily, or at best live to suffer from the effects of the drugs given to cure them," Mr Dalglish warned.

The way ahead for the profession—and particularly for general practice pharmacy—was not going to be easy, he continued. It would require firm and decisive leadership, with support from the majority of members. Pharmacists had an important contribution to make in patient care, whether as part of the health care team or as initiators of treatment, but they faced a tremendous uphill task of persuading government and doctors of the need for change.

Today's drugs were too potent for treatment to be left solely with general practitioners: "Such concepts are outdated and positively dangerous from the patient's point of view. The patient's welfare must be the concern of all the primary health care team and that includes the pharmacist."

Non-NHS pharmacies

Mr Dalglish believed that the pharmacist should have no other role than the professional one if he was to participate fully and effectively in the health care team. But if a pharmacist opted instead for purely commercial activity, then Mr Dalglish saw no reason why he should not be allowed to run a registered retail pharmacy without an NHS contract. He would still be able to give advice, and treat minor ailments, and pharmacy distribution could then be planned according to the needs of communities rather than by random commercial dictates.

Mr Dalglish outlined the key roles pharmacists should have as the profession entered the 21st century. The following are extracts from his paper:

If we are really serious about being responsible for all a patient's medication then patient registration must become a fact. Without it we are merely tinkering with the problem. And all medicines must be limited to pharmacies or under pharmaceutical control. Drug-induced illness, if not controlled, will go down in the medical history books as the growth illness of the latter part of the 20th century. Failure to meet this challenge is not only costly to each individual patient but also to the nation itself, as a result of man hours lost and the direct costs to the NHS.

Patient registration

Patient registration can ensure: That all medicaments are properly recorded (including over the counter remedies); the pharmacist can exercise proper control of the medication, including repeat prescriptions, and can be alerted to potential misuse; the pharmacist can monitor constantly the patient's progress, eg with an elderly patient he can spot non-compliance; he is also alerted to possible drug interactions. The pharmacist is the unique link, capable of bringing together and interpreting the total medication picture of an individual patient—something which no other member of the health care team can do. Advances in computer technology will

Mr Dalglish: Patients will die needlessly



soon enable the general practice pharmacist to use desk top computers for storing medication records, thus enabling rapid retrieval and assessment of the information.

Armed with his patient records and patient registration, the pharmacist would appear to have a positive role to play in the initial screening of patients. Although this role is receiving positive government encouragement, it appears that the Government's motives are questionable for, while urging the public to visit their pharmacist first, they have continually eroded the treatments that the pharmacist may use for minor ailments. This trend must be reversed and, with a system which could prevent abuse and over-use, the list of medicaments could be extended further.

As people live longer, the pharmacist's role in the care of the elderly will undoubtedly grow. The movement of doctors into health centres has resulted in difficult journeys for the elderly and many doctors now seem reluctant to make home visits, so more elderly patients are turning to their local pharmacist for advice. The viability of many community pharmacies now depends on finance from consortium pharmacies, a fact which the Royal Commission on the NHS appeared not to appreciate when it suggested employing salaried pharmacists in health centres.

Medicines in old people's homes

With over 175,000 elderly people being cared for in Britain's residential homes, the pharmacist's involvement in the control of drugs in these homes must be formalised. The pharmacist's contract with the home should be for not less than a year, during which he would be responsible for managing both the supplies and the patients.

Agricultural and veterinary pharmacy is a growing branch of the profession and could create anything up to another 1,000 jobs for pharmacists. The Pharmaceutical Society's Agricultural and Veterinary Group feels it is now time to formalise the veterinary pharmacist's education and is actively pursuing the establishment of a diploma course.

Finally, it is essential that the Society takes back some real responsibility for education into its own hands. An academic qualification in pharmacy must not mean automatic right of entry into the profession; that right should be given only those who have demonstrated to the Society their fitness to practise.



Audience during the professional session

Speaking to his paper, Mr Dalglish added that there was a need for the profession to tighten up and improve its own publicity. While he had no criticism of the professional public relations consultants, pharmacists themselves had shown an amateurish approach to publicity in the past. Recent campaigns had indicated there was a tremendous fund of public goodwill and the profession should make the most of it.

During the discussion, Mr Stanley Durham, Sheffield, said pharmacists could only achieve status by being available to give advice and service. He said younger pharmacists tended to hide away in their dispensaries. Mr A. Howells, Penfro, later made a similar point about having to earn status. Mr Dalglish replied that the public respected pharmacists more than pharmacists themselves realised.

Mr Gordon Hill, Swindon, disagreed with the principle of two types of pharmacist that would result from awarding a diploma in "ag and vet" pharmacy. He also felt there was no future for pharmacy if the public did not support it, and the public must therefore be prompted.

Mr Miall James, Southend, believed

that patient registration was a nonsense and counter-productive—it would not be acceptable to the community. However, he conceded that "at risk" patients, such as diabetics, might benefit from record cards. Mr Dalglish replied that without registration or co-ordination between records at different pharmacies, the concept fell down.

Mrs Joyce Gilbert, member of Council, thought the introduction of computers should be encouraged. If registration was not acceptable, an alternative would be central computer records. Dr D. H. Maddock, Cardiff, said patient records were useless unless they were properly and fully kept. He believed pharmacy should perfect its present systems and standards before being led into "Valhalla". Mr Dalglish thought partial records were better than none.

Mr S. Bubb, Dorset, asked what the speaker was doing to persuade Council that doctor dispensing should cease in the interest of the patient. Mr Dalglish said he had always been opposed to dispensing by doctors and when accepting the Clothier report the Society had made it clear that it did not accept that doctor dispensing was equivalent in quality to pharmacist dispensing.



Science session speakers (l to r) Mr M. Akpaffiong, Mr S. Qadus, Mr R. Walker, Miss C. Ennis, Professor D'Arcy (chairman), Mr B. Furman, Mr I. Marshall

Whetting the Conference appetite

About 140 appetites were whetted (and satiated) on Monday's pre-conference "supertour" around Dartmoor. The general feeling of those early arrivals sampling the tour was that the 140-mile trip, although a tight schedule, provided plenty of sights worth a longer look at another time. The amount of food consumed caused many a person to walk where a lift was provided.

Unfortunately, a morning mist enveloped the panoramic views of Dartmoor but when the sun finally broke through the tourists saw the moor as a backdrop to the many villages lining the route home.

The whole-day tour as a fore-runner to the Conference was an experiment during the new-style four-day event. In previous years a long excursion has been included mid-week. The provision of professional guides was well appreciated—their local knowledge never failed to attract interest. All in all, the event proved to be a good day out, breaking the ice for the forthcoming week.



Mr A. Cullen (Derby), Miss D. Tabb (Birmingham), Professor I. Kellaway



This young dancer seemed a little worried



"The pharmacy of the future" was demonstrated by wholesalers Vestric Ltd at the BP Conference exhibition in Exeter this week



Mrs & Mr Whittingham, Mr and Mrs Olliff, Mr D. Blake, all from Brighton



Dr G. L. Geddes (Edinburgh), Mrs C. M. Hunt (Bedfordshire), Mrs and Mr S. Curtis (Harlow)

Conference members gather for the opening session on Tuesday morning





Enjoying a joke at the Institute of Pharmacy Management



Conference members swinging into the Morris dancing



Smiles all round. Professor D. A. Norton, (president Institute of Pharmacy Management International), Mr Nat Oye Oso (chairman, IPM, Nigerian branch), Mr D. Sharpe (president, Pharmaceutical Society)



Mr E. R. Brown (president Pharmaceutical Society, Australia) and Mr G. O. Lane (vice-president, New South Wales Pharmaceutical Society)

C&D camera at

BRITISH PHARMACEUTICAL CONFERENCE EXETER



Mr and Mrs A. Greenwood (Blackpool), Mr T. I. O'Rourke (Belfast) Mr J. Chambers (Belfast)



Mr R. McMullan (Belfast), Mrs Jill Gilbert (member of Council), Mrs M. Ross (Bourne), Mrs M. Wright (London), Mrs C. O'Rourke (Belfast)



Mr H. T. Hoskins (Canterbury), Mrs and Mr Walton (Australia), Mrs and Mr A. Smith (chief executive, PSNC), Mrs Hoskins, Mrs and Mr S. Axon (secretary, PSNC)

Minimum accounts: is Xrayser alone?

Since Xrayser's latest broadside appears to be directed mainly against myself and this company, perhaps I might re-state a few simple facts: I do this with the knowledge that most of your readers will be very aware of them. Xrayser, apparently, is not.

1. A pharmaceutical distributor carries a substantial fixed overhead in staff, premises and stocks: to run a viable business, he therefore requires a minimum account level with each customer to whom he provides service. In today's cost conditions, this figure is about £1,000 per month at standard trade prices.

2. A wholesaler can (and all do) serve a number of customers whose monthly account cannot, for particular reasons, reach this figure: for example, a city-centre pharmacy may have a very small prescription turnover and concentrate mainly on cosmetic sales. But, to make economic sense, the number of such low value accounts must be limited and their account values have to be balanced by higher sales to other customers.

3. H. B. Dorling Ltd, to whom he refers, is a business involved only in sales of OTC products: it exists to complement the business of Macarthy's Ltd on the prescription side. Its role means that the average account value will be low—since most pharmacies today are involved in some type of buying scheme for the bulk of their OTC requirements—and their sales are mainly of high bulk and low value.

It is, of itself, therefore unlikely to be a viable business: but its services are appreciated by the pharmacist as a "fill-in" on the OTC side. In order to "balance the books," the combined businessness of Dorlings and Macarthy's can only make sense if a reasonable account level is established with customers using both services. I should point out that the same pharmacies are served by both companies.

Facts and fictions

May I finally quote from Xrayser's article and try to separate the facts from the fiction? He says "... for what do they mean by small value accounts? Seemingly less than £1,000 a month in 'ethicals' irrespective of what is spent on OTC lines. Some small account."

Well, let's have a look at this: Mr Gartside, writing from Llanberis in the same issue, points out that the highest qualifying figure for the Essential Small Pharmacies Scheme is 27,500 scripts pa, or just under 2,300 scripts per month. If one reduces this figure radically, and takes a total of 1,500 per month, this produces a purchasing power in prescription goods of a little over £2,800 per month: this figure is taken from

the latest DHSS information to be published (April 1979), which shows the ingredient cost per prescription to be £1.875 as an average.

On this low prescription turnover, such a pharmacy could easily satisfy a "£1,000 per month minimum" not only from one but from two wholesalers. Xrayser states later on in his article that "... I do not deal with Macarthy's because I cannot meet the minimum account value." If he says so, I am bound to accept the statement—but he must have a very unusual business! Perhaps his very low dispensing figures (less than 600 scripts per month) give him plenty of time for writing articles to *C&D*.

A rather more common phenomenon, however, is the tendency for the pharmacist to give the lion's share of his prescription business to one wholesaler (for a variety of reasons) and to use one or more other supply sources as "fill-ins." This, of course, is what caused the breakdown of RPM in the first place: the preferred supplier could discount from a high-value account, while the others merely lost money supplying that customer. It is to make economic sense that wholesalers have applied the £1,000 minimum restriction: apart from Xrayser nobody seems to have had any difficulty in meeting the requirement. That is, of course, if they want to!

A. R. Ritchie

Chairman, Macarthy's Pharmaceuticals

Independents and Unichem

Your report in *C&D*, September 8 regarding Billingtons joining the Unichem organisation was very interesting as Unichem have stated to several pharmacists in the Midlands that, even if they wanted to, they had no power to stop Billingtons joining Unichem as they were not a public company. Yet you report Mr Dodd saying that the board have an absolute discretion to stop anyone joining.

Many of us think that this discretion should have been exercised because of the nature and concept of Unichem.

As a member of the Midland regional committee for the past three years it had constantly been emphasised to me by one director after another that they see Unichem not just as a wholesaler but as a member-owned (and controlled) organisation that exists to serve the independent chemist. I was urged to support "my" organisation totally, buying Unichem brand products and by supporting the organisation with as much of my total purchasing power as possible.

As a member of the regional committee I help to organise dinners to recruit new members. At regional meetings we discussed how we could get a total commitment from members so that "our" buying power would match Boots' and we discussed how we could achieve a sell-out on our promotion.

Unichem for the independent chemist

—how does the board reconcile the membership of the Billington group? They have 25 pharmacies and are involved with drug stores that have for years aggressively sold toiletries and achieved success at the expense of other chemists which were not yet cut-price orientated. Today if a rep offers me a bonus to promote his product I ask—what are Billingtons selling it for?

Many multiples are of course in Unichem, but they are generally independents that have become multiples and not joined as a large multiple. Many were members in the days when Unichem did not give a good rebate.

Unichem have chosen to enrol a major competitor and many independents will not find it easy to identify with Unichem as "their" organisation.

Unichem have also chosen to emphasise that they have regional committee's to advise them. Yet in the three years that I have been a member of the committee my advice has not been sought on the major issues such as advertising and the conflict with the Pharmaceutical Society until the matter was a fait accompli.

Unichem is a large and successful organisation that offers a lot to chemists, but no longer just the independents. Its directors are nominated by the board and the shareholding membership have as little say in the running of the company as the shareholders of Glaxo in the running of Vestric.

Unichem was an ideal—it has lost its credibility. It is now just one of the three top wholesalers and should be used as such. It is not more than just a wholesaler.

M. Hadley

Bewdley, Worcs.

Computers

Your computer articles were extremely helpful to those of us who "stand in awe" of modern technology. Developments during the last four or five years have been overwhelming. It is therefore my inherent distrust of the unknown that makes me want to hesitate before leaping ahead into the world of binary mathematics.

I want to continue my independent business "independently". I want occasionally to give that service to my customers without "costings to three decimal places". Furthermore, I wonder if I could really use all those management aids and figures—computers do "spew out" acres of impossible-to-handle paper. But above all my business is *my* business—I do not wish to be a mere appendage of one wholesaler, restricted in my freedom to spend my cash where I wish and sometimes "back my own hunches".

My inclination is therefore to wait on the sidelines a little longer until many of the fantastic promises have evaporated and sound experience is available, when possibly the computer costs have come within manageable limits.

Others may not think as I do—that is

their prerogative. But relating computers to pharmacy, where my knowledge is on basic and sure ground, there is a lot to be said for chronic toxicity testing and few computer systems have reached that comparable state.

Loimer

Anger prompted the No. 10 march

As chairman of the London Group Pharmaceutical Executive I should like to comment on the highly successful march on Thursday September 6, from Lambeth to Downing Street, organised by the group.

We believe PSNC seriously underestimated contractors' anger at the snatch-back of the salary increase and from the feed-back we were getting it was evident that people wanted to demonstrate their anger. We further felt that the PSNC's attitude (accept the snatch-back and let the panel sort it out) was too complacent for words—the panel is not due to report until late autumn and none of us felt confident that any recommendation would be implemented promptly! In the meantime pharmacies would be closing at about one every four days and those remaining would continue to be underpaid.

The fact that dispensing doctors, following their latest rise, get 7½p per prescription more than we do and that our increase, if paid in full, would amount to 3½p per prescription—leaving us still 4p a time worse off than the doctors—supports our view that we are not just underpaid but *grossly* underpaid. And we know that money is needed *now*. That dentists in a similar situation had their alleged overpayment written off was an added insult to pharmacy.

We were also concerned that the unfortunate effect of the television announcement on August 9 should be corrected and the true position made known.

In the event, despite PSNC disapproval and with no enthusiasm emanating from the Society and your (surprisingly) depressing leader, some 80 pharmacists made history by participating in the first-ever demonstration by our long suffering profession against intolerable and unacceptable treatment by the DHSS. A letter of protest was delivered to Mrs Thatcher signed by the chairmen and/or vice-chairmen of the following LPCs: —Camden and Islington; Greenwich and Bexley; Kensington, Chelsea, and Westminster; Lambeth, Lewisham and Southwark (these four comprising the London group); Barking



"Looks like some men in white coats have come to take you away, dear!"

and Havering; City and East London; Hertfordshire, and Kent. Further support came spontaneously from pharmacists all over the country who sent telegrams to Downing Street, and from Merseyside whose pharmacists sent a signed letter of support which was added to the protest delivered to the Prime Minister. Four pharmacists journeyed from Bristol, Merseyside, Middlesbrough and Stoke-on-Trent to join the march.

The Press coverage beforehand ensured that many people knew of the demonstration before it happened and BBC TV was sufficiently interested to report it nationally on the 9 pm news. The accuracy of the facts stated in the first part of that BBC report must have given heart to all pharmacists contractors who saw it.

The Press officer of the London group is Stanley Blum, and in view of his known association with ASTMS I wish to state emphatically and unambiguously that we received no assistance from ASTMS, nor was ASTMS involved in any way. I myself am not a member of ASTMS. This was simply an expression of anger of pharmacists who feel that they have been put upon for far too long by an unfeeling and unyielding Department of Health, and that their own PSNC should be more

responsive to LPCs and contractors.

Finally, I should like to thank all those who gave up their time to join in the demonstration; it was a great occasion and we all enjoyed it. The police were great (they did say that not every demonstration was as orderly as this one!). One pharmacist said to me; "I have achieved a life long ambition". My reply: "To deliver a letter to Downing Street?"—"No to hold up London traffic". We certainly did that—but more important we have put the record straight and gained public sympathy.

John Iles

Chairman, London Group Pharmaceutical Executive

Faith in PSNC

With reference to your article headed "Pharmacists march to Downing Street" in your issue of September 1, I should like to correct the statement at the beginning of paragraph two saying that all chairmen and vice-chairmen of the Greater London Pharmaceutical Committees will sign the letter.

The letter was not signed by any chairman or vice-chairman in the Middlesex Group. Barnet, Brent and Harrow,

Letters continued on p412

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LETTERS

Continued from p411

Ealing, Hammersmith and Hounslow, Enfield and Haringey and Hillingdon Local Pharmaceutical Committees, on the advice of the Pharmaceutical Services Negotiating Committee.

Members of the Group re-affirm their confidence in the Pharmaceutical Services Negotiating Committee and do not approve of independent action.

S. J. Turner

Secretary, Middlesex Pharmaceutical Group

Tele-protest

Today, September 6, I sent the following telegram to the Prime Minister at No 10 Downing Street: "I support pharmaceutical delegation protest. Unable to attend. Working in my pharmacy".

What a pity all pharmacists (retail) were not urged to send a similar and very easy protest. It would have created quite an impact—up to 10,000 telegrams arriving at the same time.

M. E. Hudson

Birmingham

Borderline for reps

Mr Caplan of Yeadon most certainly has cause for complaint about his lack of service from reps in his area, but how would he like to be in my position?

It would appear that Collingham is on the border between most firms' areas and I get reps either covering the Leeds area or the north-east, and as I am at either the southern or northern extremity of most reps areas they seem to think it is not necessary to call.

To the reps that do call I offer my sincere appreciation of the service that they give me, and hope it will be given still in the future, even though their numbers are quite small. To the rest? Well, one can only hope that letters like Mr Caplan's will not fall on stony ground and be trampled underfoot.

Bryan Samson

Collingham Bridge, Wetherby

Phenacetin ban soon

An Order under Section 62 of the Medicines Act banning the sale, supply or importation of medical products consisting of or containing phenacetin is to be signed by Health Ministers.

Exceptions to this ban are when phenacetin is used as a stabiliser in hydrogen peroxide up to 0.1 per cent of the solution, for external use; special prescriptions of doctors or dentists for named patients and consequential exceptions to enable pharmacists, health centres and hospitals to meet such prescriptions.

The Order is expected to be available by the middle of September and it would come into effect six months later.

COMPANY NEWS

Beatson profits hit three ways

An unexpected fall in the UK demand for pharmaceutical bottles, a rapid escalation in fuel prices and transport difficulties in January and February materially affected the first half-year results of Beatson Clark & Co Ltd.

Profit before tax for the period ending June 30, 1979 was down at £780,000 compared with £1,450,000 in the same period 1978. Sales were £10,461,000 compared with £10,250,00 in 1978. Export sales were comparable with last year and were currently increasing. In the interim report the chairman, Mr David Clark said that the effect of the rises in fuel prices were partly offset by the more efficient furnace installed at the Rotherham works last year and by the continuing use of coke over gas at the Barnsley works. He expected results for the second half of the year to be similar to the first half.

Nicholas plan a £5m investment

Nicholas's factory in Roscommon, Republic of Ireland, trading as James (Roscommon) Ltd, has been custom-built to manufacture their new confectionery Ipso, at a cost of £1.5m. It is planned to put a further £3.5m into the development of the factory over the next few years, and additional plant is already on order in line with the UK launch plans and an eventual move into Europe, say Nicholas.

Gearing up for the national UK roll-out (see p388), the factory's staff are working three shifts around the clock seven days a week, to reach the current capacity production of over a million packs a week. This capacity is expected to increase substantially with installation of the new plant. A new 30-strong confectionery sales force will be supported in the field by the established Nicholas sales team in the grocery and chemist sectors.

Ipso, thought to be one of the smallest sweets on the market—each about 9.4mm in diameter and weighing 0.35gm—nevertheless takes about three days to produce from the initial sugar milling to the final hardening and polishing. At the same time, the production process means that currently 200 packs are produced every minute.

Shorebreeze to centralise

To keep pace with demand for their range of plastic tablet vials, Shorebreeze Limited have now centralised their operation at Denbigh Road, Milton Keynes. Previously the company opera-

ted two separate units on the Water Eaton Industrial Estate, also in Milton Keynes. The new factory and offices are said to be considerably larger than the other two units and the company believes it will enable them to increase tablet vial production by 25 per cent.

As well as the increased production space the company have purchased and installed, in addition to present capacity, two Sandretto TGV/110/B injection moulding machines, a new high speed carton sealing machine and an electronic counting and bagging machine.

Commenting on the move, Mr Karl Guttentag, managing director said: "This centralising of our activities will enable us to consolidate our established position as the UK's number two manufacturer of plastic tablet vials."

Yes and no answer on Averys merger

The Monopolies and Mergers Commission has reported on the possible merger between the GEC (General Electric Company) and Averys Ltd. In their carefully worded conclusions they point out that it is not part of their brief to decide whether any merger will operate "in favour of the public interest." They had not found, however, that the merger would operate against the public interest. On the other hand, they say, they have not found that a meregr is likely to produce "more than minor benefits to GEC," and although finding Averys' performance "unimpressive" in certain respects they do not believe that Averys would be unable to improve on this an independent company.

Appointments

Cow & Gate Ltd: Mrs Stephanie Thompson has recently joined Cow & Gate as senior product manager.

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Liquifilm Tears, Prefrin Liquifilm Eye Drops.

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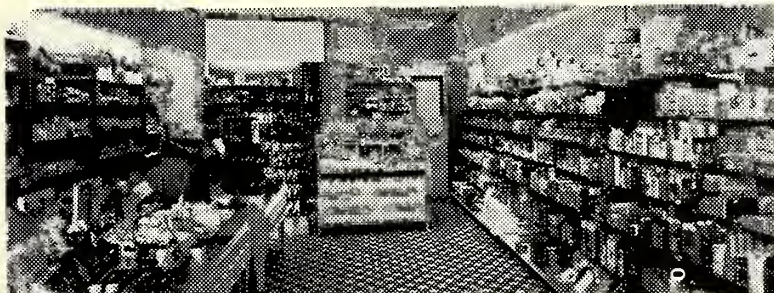
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Maurice M. Levy, Stanmore



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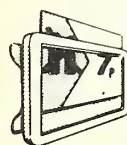
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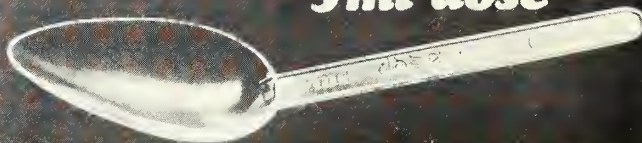
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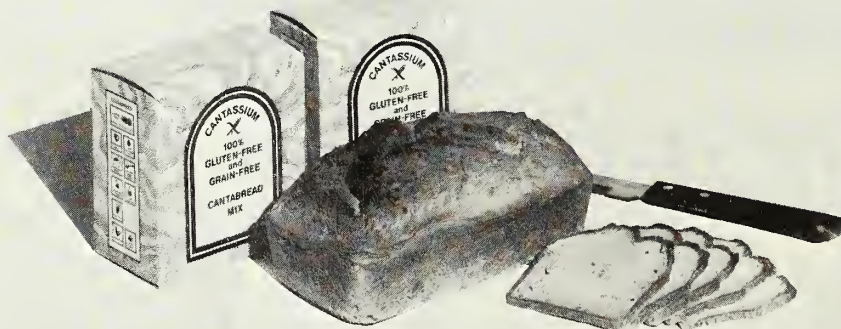
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Polio still a threat to UK

The danger of fresh outbreaks of poliomyelitis in Britain is a real threat, according to a report from the Office of Health Economics. In 1976/77 there was a sudden increase in polio incidence (26 cases) in England and Wales. This followed on from a period when the proportion of babies protected by immunisation fell from 80 per cent to 74 per cent.

These data underline the need to maintain immunisation of children in the UK at about the 80 per cent level, says the report. Extensive use of live vaccine in sporadic outbreaks is probably better than inactivated vaccine. However the report notes that live vaccine carries the theoretical risk that the virus may again become virulent. Also the length of immunity given by a live vaccine is open to doubt. The report suggests that, although the use of live vaccine for children and adults who are either non-immune or who were given a killed vaccine in the past is likely to be the most desirable policy for the UK, there will eventually be a need for an adult "booster" programme using inactivated vaccine.

The interest of developed countries in eradicating or at least reducing the incidence of polio in the Third World is partly due to the fear of importing the disease to their countries via travellers. However, the OHE says that paradoxically, with increased hygiene in the less developed countries, polio is likely to become more visible, though not necessarily more prevalent. Greater cleanliness tends to increase the chance of children not being exposed to the vaccine until they are older than three years. Late infection increases the probability of the illness being disabling.

Now an option on fortnightly dole

A new national scheme for claiming and paying unemployment benefit every two weeks began on September 10. Until now people who are unemployed must attend their local unemployment benefit office once a week to claim unemployment benefit.

In a pilot scheme set up in 1977 to test procedures, 72 per cent of people claiming unemployment benefit who gave their views preferred the fortnightly system. And staff and management were clearly in favour of the change in most of the pilot offices. The advantages of the new system are that fares for travel to the benefit office are halved along with time spent claiming unemployment benefit. This is specially true in rural areas where public transport costs are high and it can give an unemployed person more time to look for work. Visits to the post office to cash benefit Girocheques are also halved. Reducing the number of people attending the benefit office each week means the re-

duction of queuing and better conditions for everyone.

Anyone who wishes can ask to attend to claim and be paid weekly. When the new procedures were tested at the pilot offices only two per cent of the people claiming benefit requested weekly payment. The request can be made at the outset or at any time within the life of the claim.

Golden refused injunction

Golden Ltd failed last week in a High Court move to outlaw industrial action by the engineering workers' union, which has disrupted production at the company's works at Llantrisant, near Cardiff.

After a two-day private hearing in London, Mr Justice Sheen refused to grant Golden Ltd temporary injunctions against the Amalgamated Union of Engineering Workers, its general secretary Sir John Boyd and a local district secretary, Mr Thomas Henry Evans.

Golden Ltd pointed out that it had previously been exempted from disruption because it is not a member of the Engineering Employers' Federation, against which the union's national action is directed.

M&S skin care prices

Following the announcement by Marks & Spencer that they were to cut prices across the board, it has been decided that the prices of their skin care ranges will be lower, by 10 per cent, from September 11. Further cuts to toiletry and cosmetic products have not yet been finalised, said a company spokesperson.

COMING EVENTS

Monday, September 17

Enfield Pharmacists' Association, Postgraduate medical centre, Chase Farm Hospital, Enfield, at 7.45 pm. Mr David Bailey on "The drug alcohol."

Tuesday, September 18

C&D Chemists Assistant of the Year competition. Central Scotland regional final, Golden Lion Hotel, Stirling, at 2 pm. (Organised by Independent Chemists Marketing Ltd).

Northumbrian Branch, Pharmaceutical Society, Stephenson Room, Central Hotel, New Bridge Street, Newcastle, at 8 pm. Professor J. Crossland on "Drugs, charms and mighty magic."

Wednesday, September 19

C&D Chemists Assistant of the Year competition. North Scotland regional final, Tree Tops Hotel, Aberdeen, at 5.30 pm. Followed at 7 pm by Independent Marketing Ltd retailer meeting. Organised by William Davidson Ltd.

Northern Scottish Branch, Pharmaceutical Society, Postgraduate centre, Raigmore Hospital, at 7.45 pm. Dr M. M. Whittett on "highland remedies & Celtic medicine."

Buckingham Branch Pharmaceutical Society, White Swan Hotel, Aylesbury, at 8 pm. Mr Neville Instone on "Home wine-making."

Wirral Branch, Pharmaceutical Society, Wirral Postgraduate centre, Clatterbridge Hospital, at 8 pm. Mr Bernard Jean (French cultural attache) on "life in a French village."

Thursday, September 20

Bristol Branch, Pharmaceutical Society, St Nicholas Church crypt, at 8 pm. Wine and Cheese Evening.

Dundee Branch, Pharmaceutical Society, Lecture theatre 3, Ninewells medical school, at 7.30 pm. Professor J. Crossland on "Drugs charms and mighty magic," followed by chairman's sherry reception.

MARKET NEWS

Camphor enigma

London, September 12: During the past two months stocks of natural camphor have dwindled as Chinese and Formosan materials have mostly been unavailable for shipment. Synthetic camphor for which there is a much greater demand than for the natural because of the price—natural is currently quoted at £5.80/kg on the spot against £5.10 in June—has also been unobtainable recently from China and this has coincided with a fall in British production. There are several parcels available on the spot ranging from £1.15/kg for British material of 94% to £1.35 for 99% while German, technical quality, is priced at £1.20, cif. There were rumours during the week that a large consignment of Russian material would shortly be on offer and that the price could fall below the £1 per kg mark if supplies were forthcoming.

Brazilian menthol rose by 20p/kg for shipment but spot did not react. In essential oils Ceylon citronella was quieter and easier for shipment. On the other hand lemongrass, patchouli and petitgrain were dearer on a cif basis.

Among spices cinnamon quills and featherings were marked up along with pepper. Ginger together with celery and fenugreek seeds were lower. Higher in botanicals were Cape aloes, Canada balsam, cherry bark, hydrastis and sarsaparilla while henbane and Dutch valerian were lower. Mexican jalap was not quoted.

Crude drugs

Buchu: Leaves £1.40/kg spot; £1.33, cif, nominal.
Gentian root: £1,840 metric ton spot; £1,765, cif.
Ginger: Cochin £450 metric ton spot shipment £400, cif. Other sources not quoted.
Henbane: Niger £1,375 metric ton spot; £1,335, cif.
Hydrastis: Spot £29.80/kg; no cif.
Jalap: Mexican no offers.
Kola nuts: £475 metric ton spot; £400, cif.
Menthol: (kg) Brazilian £6.05 spot; £5.90, cif. Chinese £6.20 duty paid; £5.50 cif.
Pepper: (metric ton) Sarawak black £1,015 spot, \$2,000, cif; white £1,430 spot; \$2,875, cif.
Quillaja: Spot £905 metric ton; £725, cif.
Sarsaparilla: Jamaican £1,925 metric ton spot, £1,850, cif.
Seeds: (metric ton, cif) **Anise**: China £815 for shipment. **Celery**: Indian £460. **Coriander**: Moroccan £210. **Cumin**: Indian £820; Turkish £760. **Fennel**: Indian £440. **Fenugreek**: Moroccan £295; Indian £255.
Senega: Canadian £10.15/kg spot; £8.50, cif.
Senna (kg) spot Alexandria pods hand-picked from £2 upwards; manufacturing £0.55. Tinnevely faq leaves £0.46; pods, faq £0.46; hand-picked £0.55.
Valerian: Dutch £1,885 metric ton spot; £1,810, cif. Indian £1,215 spot; £1,185, cif.

Essential and expressed oils

Cedarwood: Chinese £1.25/kg spot; £1.15, cif.
Citronella: Ceylon £3.25/kg spot; £2.95, cif.
Chinese £4/kg spot; £3.95, cif, both nominal.
Lemongrass: Cochin £5.10/kg spot; £4.80, cif.
Palmarosa: Spot £16/kg; £15.40, cif.
Patchouli: Chinese £15.75/kg spot and cif.
Peppermint: (kg) Arvensis—Brazilian £4.35 spot; £4.25, cif. Chinese £3.10 spot; £3, cif. Piperata—American from £14.25 spot; £13.75, cif.
Petitgrain: Paraguay £5.75/kg spot; £5.80, cif.
Sandalwood: Mysore £65/kg spot. East Indian £52.50 spot.
Spearmint: Chinese £10.35/kg spot; £9.60, cif. American £12-£12.50 as to source, cif.
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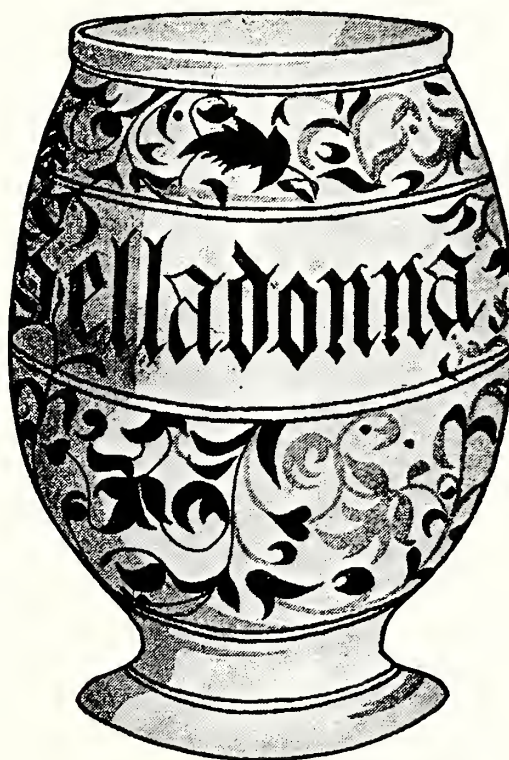
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